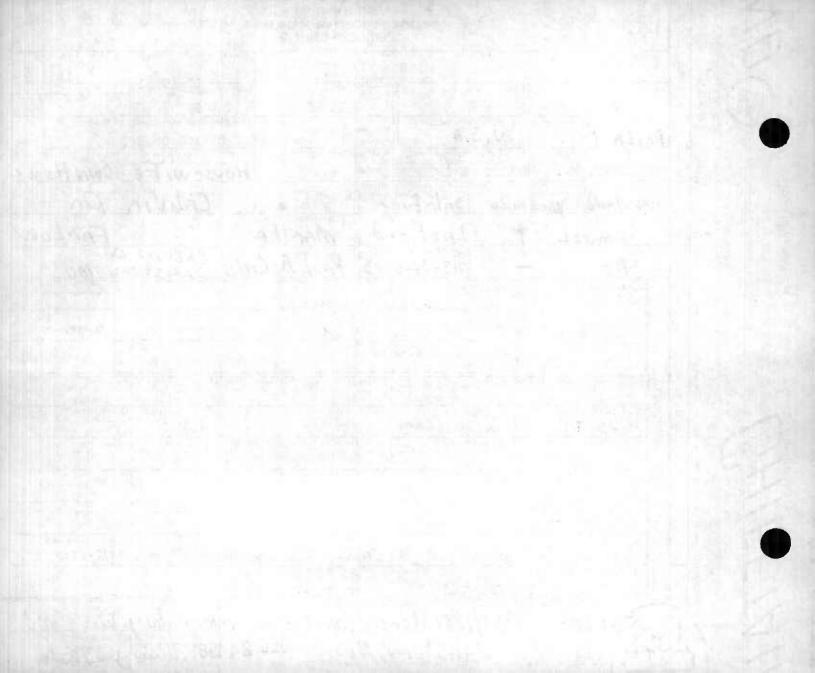
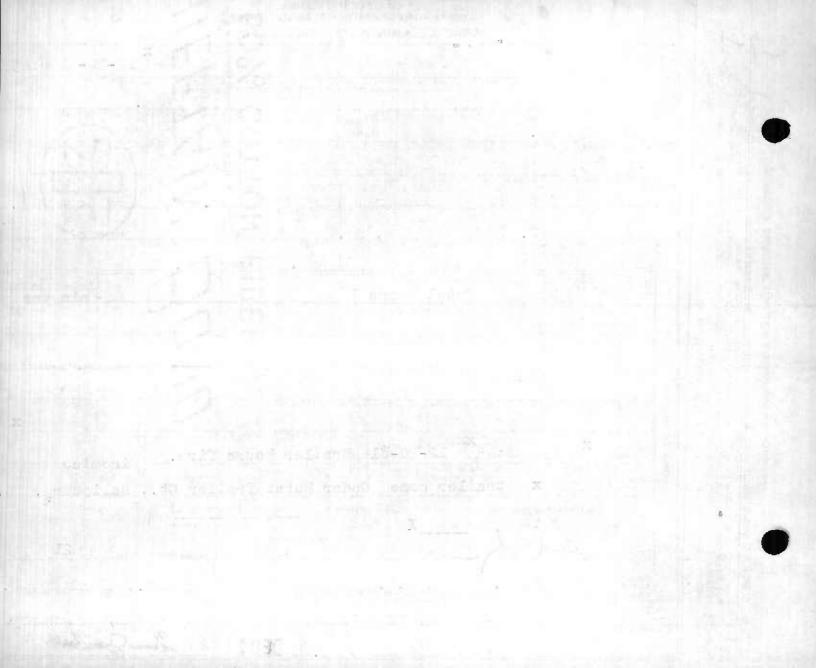
P.	1.	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 1 3	3 3 7 4
	1 DE	REGISTRAR CEASED NAME FIRST FOR PRINT)	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH I	DAY YEAR 26 HOUR
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a second		F	W	MONTH 6-26-02	79 YRS	WONTHS DAYS HOURS MIN.
72 ho	70. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED XNEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMICO COUNTY	
he fur within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- to +0 +1//		LISBURY, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET NURSIN	ADDRESS) G HOME	HOUSEWIFE	
24 hou 21:	130	STATE 136 CON	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW OMICO SAISSU		130 STREET ADDRESS	Pn
MARYLAND 2120 ed within 24 hours umpletely filled in by ond 2 should be fill ed and 2 should be fill	14 FA	SAMUEL SAME	LAYFIE	La 15 MOTHER'S MAIDEN NA MARTHA	MIDDLE	FATLOW
BALTIMORE, cate be execut and coppers. Pages you will, the medical to the medical		NAS DECEASED EVER IN U.S. AF YES NO PHUNKNOWN) (1F YES, GI	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 213-74-	6693 PAUL ADR	INS SALISBUR	Dd.
201 W. PRESTON ST., BA s that the death certificate ed by the attending physic please remove carbon pap viral, cremation, ar removal viral, cremation, ar are avail var ather traumatic event, t			DUE TO, OR AS A CONSEQUE	ENCE OF f. Colon.		APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH 2 years
ORDS, 20 requires een signed at. Then pla for to burit or to burit y injury, a	MOIT	PART 2 OTHER SIGNIFICANT	ASC.UD.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		
	CERTIFICATION	11-27-39	Cancer & Color			, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
SICIAN: The ng physician certificate hy unial-transit pental Hygien Item 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2]
VISION G PHYS arthis certhis certhis cond Mee	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspital ar efforuse af faruse af har is mar em 21 is mar		saw the deceased alive or	ital) attended the deceased from		death accurred on the date and hour	19, that (1) (we) last and from the causes stated
he of		22b SIGNATURE	15 guel		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O = 2 = 4 %		DR. JOSEPH C.		22e ADDRESS CIVIC AVE. R	T. 50, SALISBURY.	MD.
	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d JOCATION	COUNTY 5TATE
BP		DUPIAL	10/17/178/ 16	rest brovelem	VARSOUS OUNG	WIC, MO.
DHMH - 16 50M 1/81 (VRA 15, 4)	B	AKER BOUND	S SALISADRESS	Y, Md, DEG	TE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Fred Keen 3 SEX 4 RACE IF UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY) PRONOUNCED DEAD Dec. 20 Male White June 28,19 5 QYRS 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT MARRIED WINEVER MARRIED Salisbury, USA Md DIVORCED WICOMICO 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cedar Hurst Tra FOR MOST OF WORKING LIFE) OR INDUSTRY M 3. RETAIN PA. 7 2 SHOULD BE FI Salisbury Trailer Painter Court Painting SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Wicomico Salisbury NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE PACE PRODUCE IN PENCIL IN ITEM 18. GIVE PAGES 1, HIEF MEDICAL EXAMINER ALONG WITH FORM PM USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND SOF HEALTH AND MENTAL HYGIENE, DIVISION OF MENTAL, CREMATION, OR REMOVAL. MIDDLE LAST FIRST Fred Adkins. Blanche Pennewel' MAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (wife) 1 (IF YES, GIVE WAR OR DATES) Yes WW Mrs. Margaret M. Adkins same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY Total minutes IMMEDIATE CAUSE (n. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION TO MEDICAL EXAMINE. THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PER PACE. SHOULD BE FORWARDED TO THE CHIEF M TO PHOREM DIRECTOR. PAGE 3 SHOULD BE USED A ATTREMENT WITH THE STATE DEPARTMENT OF HEAD BALTHWORF, MARYLAND, 21201 PRIOR TO BURIAL, C. 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES NO IX 216. TIME OF INJURY 71a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) UNDERLYING A OR Trailer house fire. CONTRIBUTING CAUSE OF DEATH Vicomico 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME street, FACTORY, FARM, ETC.)
trailer ho COUNTY NOT WHILE AT WORK home Cedar Hurst Trailer AT WORK Salishury 22a I certify that I took sharge of the remains described above, held on Autopsy Inspection death resulted from Accident Hamicide Undetermined manner latural causes TITLE (SPECIFY) ACTUAL Deputy SIGNATURE EXAMINER'S NAME Earl L. Rover. M.D 409 Camden Ave. Salisbury MD ADDRESS 23d. LOCATION 730 BURIAL, CREMATION, REMOVAL 736, DATE 731. NAME OF CEMETERY OR CREMATORY Cremation Delmarva Crematory OTY Lewes, Sussex, Del: BP 24 FUNERAL DIRECTOR ADDRESS **DHMH-17** HOLLOWAY FUNERAL HOME, Salisbury (VR A15 ME (5) 15M 2/80



(VRA 15, 4) 1/79

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1		FOR STATE	DEPARTMENT OF HEA	PF MARYLAND LTH AND MENTAL HYGI		3 3 7 1	
		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'	S CERTIFICATE OF D	PEATH REG. NO.	MONTH DAY YEAR 75 H	IOUR
Z SEE		EDNA EDNA	Lily	BIRCH	OF ESTI- DEATH MATED	12-2-81 1:5	55F
	Fe	male White	5. DATE OF BIRTH MONTH DAY YEAR 2 6 AGE (IN YEARS 1 1 59 YRS. W	FUNDER 1 YR. IF UNDER 24 HI	PRONOUNCED 12-	2-81 YEAR 2d. F	HOUR
NECESSA WITH WITH PRESA	FO	RTHPLACE (STATE OR REIGN COUNTRY)	V.S. A wid	ARRIED NEVER MARRIED DOWED DIVORCED	Wicomic		MD.
ELAY IS TO THE PAGE BE FILED	S	alisbury		Hospital	USUAL OCCUPATION (TYPE OF FOLLOWSE OF WORKING LIFE)	WORK 126 KIND OF BUSINES OF INDUSTRY HOME	55
IF ANY DELA AND 3 TO 1 SHOULD BE FECORDS.	130.5	Is More	other institution, give residence before admission Yester 13c. Off Ocean Cit		P.O. Box 16	4 Stephen Deca	RA.
A HE SALE	23	THER'S NAME FIRST Trank	- Day	Halle	WIDDLE	Quillen	U
C., BALTIMORE URS AFTER DEA B. GIVE PAGES WITH FORM F T. PAGES I AN DIVISION OF	16a. V	VAS DECEASED EVER IN U.S. ARA IS, NO. OR UNKNOWN! (IF YES, GIVE V	(AR OR DATES) 216-18-8690	I FOILS W. DIY	ch P.O. Box 164	Ocean City 1	4d
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DS, 201 W. CECUTED W G." IN PEN G." IN PEN G." ANI MAL EXAMINAL-TRI AND MENT ATION, OR		gove rise to immediate cause (a) stoting the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS ((b) DUE TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PART 1 (a	1.		
F VITAL RECORDS, E SHOULD BE EXEC WORD "PENDING" HE CHIFF MEDICAL O BE USED AS A BUB O BUT OF HEALTH AND O BURIAL, CREMATI	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO			20 AUTOPSY?	
DIVISION OF V S CERTIFICATE (RITING THE W RDED TO THE E 23 SHOULD BI E PEPARTIMEN OI PRIOR TO BI	CALCER	710. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	(HOW INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18 PART	[] OR PART 2]	
DIVISION OF VITAL RE DIVISION OF VITAL RE INCRE. WRITING THE WORD." PEI F. CORWARDED TO THE CHIEF M F. FORWARDED TO THE CHIEF W F. FORWARDED TO THE CHIEF M F. TOR: POCE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C	MEDI	214, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY \$1	TATE
<u> </u>		22a I certily that I taok charge	of the remains described obave, held an Ai Sil causes Accident , Suicide	Deputy	ndetermined monner .	DATE 12-3-81	
TO MEDICAL EXAMENED TO FUNERAL DIRE CERT PAGE 4 SHOULD FATER DEATH WITH BALTIMORE, MARY			L. Royer, M.D.	ADDRESS_409 Cal		Salishury, M	Id_
BP	23a B	JRIAL CREMATION, REMOVAL	2/5/81 Evergreen Berlin Ma	Cometery 230	LOCATION TO REGISTRAR 1256. REJISTE	COUNTY STATE STATE STATE STATE STEP STEP STATE S	de

A.C.J. E. advised Stronger of the Carron stranger of The world the comment of the comment Exemple - substitute end Started 12/2/57 Straggers Country Serving Winespiele Wild

BP.

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	FOR		E OF MARYLAND IEALTH AND MENTAL HYGIE	N 8 1	3 3 7 3
1.	STATE REGISTRAR		ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SE.	Chaure		ite	December	29 1981 35%
3. SE	nale	NEGED S DATE O	H DAY YEAR	AGE (IN YEARS LAST BIRTHDAY) 73 YRS	MONTHS DAYS HOURS MIN
70.8	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8	10 1908	BALTIMORE CITY OR COUN	
M	TARYLAND	U.S.A. MARRIE	D NEVER MARRIED	Wicomico	A
		. NAME OF HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	28 USUAL OCCUPATION	12b. KIND OF BUSINESS C
_		eninsula General	Hospital /	retirep	POSTAL SERVIN
130.5	ARYLAND WORCE	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	RT. 3 BOX 1	72
	ATHER'S NAME FIRST MID GEORGE	BIART-	15 MOTHER'S MAIDEN NAMI	MIDDLE	Di- LAST
	WAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES, GIVE W	/AR OR DATES)	ALVERTA BIAK	E SAME I	as above
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATIO		IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	YES NO O	YES NO B PART 1 OR PART 2}
	OR CONTRIBUTING CAUSE OF OFATH	HOUR A.M. MONTH DAY YEAR P.M. 19			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
100	22a.1 certify that (I) (this hospital)			to	. 19, that (I) (we) la
	saw the deceased alive an above, (I)(we) (did) (did not) v	new the body offer death.	DEGREE	oth accurred an the dote and h	
	Suport 6	of he	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	1/4/82
220 0	22d. PHÝSICIAN'S NAME (TYPE OR PR		22e ADDRESS EMETERY OR CREMATORY	123d. LOCATION	
	(SPECIFY) RIPLAL	1 + 00 -	/ 1	CITY OR TOWN	COUNTY STATE
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24 FL	UNERAL DIRECTOR	AODRESS JERSE	EL RP JANIE	REC'D IN THE SISTEM MARKET	OCCUTIER IN

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	1	STATE REGISTRAR		DE	CERTIF	CATE OF DI		REG. N	10		
		CEASED NAME F	IRS1	MIDDLE	0	AST				AY YEAR	26 HOUR
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	3. SE			4 RACE	5. DATE O	DAY	YEAR	6 AGE TINYEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
,	70 B	MALE RTHPLACE (STATE OR FORE	CN	White 7b. CITIZEN OF WHAT COU	9	14	1914	67	YRS.		
ouce /		COUNTRY)	IGN		MARRIED	NEVER M.		9 BALTIMORE CITY		OF DEATH	
100	10. C	New York		USA 11. NAME OF HOSPITAL, N	WIDOWE		ORCED	Wicomico		1101 1/010 0	F BUSINESS OR
#8//				(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS			(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
5 4	USÜ	ALISBURY	HOME OR	Peninsula (BEFORE ADMISSION	Hospi	tal	Retaile	er	Soft	Goods
1967			COUN		sbuty	13d. INSIDE CIT	NO [13e. STREET ADDRESS 1218 Tai	7		
		THER'S NAME			SDULY	15. MOTHER'S			ley A	V € .	
2/		E .		M. Br	enowitz	Ca	rolin	MIDDLE		Solo	mon
		VAS DECEASED EVER IN	U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO.	17 INFORMAN		ADDR	ESS	2010	MOH
medico	Ye		FYES, GIVI	V II 102	-05-272	6 Mrs.	Hele	en G. Brei	t Sar	ne as	13
		18 CAUSE OF DEATH (6		y one cause per line for (a),		20		7			MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS	CAUSE	S BY: E CAUSE (a)	Staply	Mocea	l 1/2	menonio		BETWEEN	NSEI AND DEATH
ofice		2041	NEOIAI	DUE TO, OR AS A CON	SEQUENCE OF		~		100		
50	11	Conditions, if any, wi	hich	(b)	u	UK	Jep	ers,			
b		gove rise to immed cause (a), stating	the	DUE TO, OR AS A CON	SEQUENCE OF	. 1.	. 0	1: dans	2.		
		underlying cause I	ast.	(c)	ninu	ayy	ruo	the read	enda		
mlory,	NO	PART 2 OTHER SIGNIFIC	CANTO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT I	OT RELATED T	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
VG.	CERTIFICATION	19a DATE OF OPERATION	٧	196 CONDITION FOR V	HICH OPERATION	WAS PERFOR	MED	200 AUTOPSY?		WERE FINDIN	
4	RTIF							YES NO	YES		NO 🗌
9	_	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		116. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	71c. HOW INJU	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2}	
7	MEDICAL	(IF EITHER NOTIFY MEDICALE	XAMINER)		19						
	MEC	21d. INJURY OCCURRED WHILE AT WORK ON NOT WHILE AT WORK		218 PLACE OF INJURY	OFFICE, FARM, ETC	21f. LOCATION	N	CITY OR TO	WN	COUNTY	STATE
) I W. I	12/2	7-	(0)	12/2	- 3	-21	
		saw the deceased a	live an	al) attended the deceased	ram	that in (my)	ur) apinian d	leath accurred on the d	ate and hour	and from the	hot (I) (we) last
		22b. SIGNATURE	(did nat	view the bady after death.		EGREE			are and noor	22c. DATE	
		1/00m	m	Bildedo	1	1) AT	TENDING	MEDICAL STA		12	Ina las
		22d PHYSICIAN'S NAME	(TYPE OF	PRINT)		22e ADDRESS	HYSICIAN	OIRECTOR PHYSIC	IAN []	12	123/8/
1	-	Holon N	Л Т	o baldada		5171	Direc	waida Du	C-1.		3.6.7
-	23a F	URIAL, CREMATION, REA		Baldado 1236. DATE	23c. NAME OF CE	5471		rside Dr	Sal	LSbury	Ma
18		Burial			Beth Is		-	CITY OR TOWN	11257 TA	COUNTY	arylan
B1	24 FI	INERAL DIRECTOR				LACT C		REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATI	RE-P
	Н	olloway Fi	ner	al Home P.	A. Sali	shurv.		4004	Thom	Janl	34
		OTTOWAY IC	CELCI	CL HOME I .	TO DATE	JULLY		6000			

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

Poge 4 may be

73	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		REG. NO.	3		8 0
	1. DECEASED NAME	FIRST	WIDDLE	LAST	26. DATE OF DE		DAY	YEAR	2b HOUR
deoth	(TYPE OR PRINT)	James	W.	DriTTINGhAM		12	31	81	1000
-	3. SEX	4. RA	ACE.	5 DATE OF BIRTH	A AGE UN YEARS	LAST BIRTHDAY	IF UND	DER LYEAR	IF UNDER THE

	DECEASED NAME FIRST	WIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
646	Jame	s W.	DriT	TINGHAM		12 31	81	1000
3.	SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	JNDER I YEAR	IF UNDER 74 HRS
	Male	White	Dec	19, 1923	58	YRS. C	12	HOURS MIN
70	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	? 8	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
35	Maryland	U. S. A.	WIDOWE		Wicomic	0		
in	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O	F BUSINESS O
SCI	Salisbury	Peninsula Ger	neral	Hospital	Jim's Se	rvice	Cent	er
11 130	OUAL RESIDENCE (IF NURS I G HOM OR			13d, INSIDE CITY LIMITS?	13e STREET ADDRESS	2		
16 I	No.	sex Delma		YES NO		x 289	MIMIE	
	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE .			7,15
3]		ingham	ME .	Ida Warwic	ok MIDDLE		LASI	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS	111	
3 r	10		1297	Margaret F.	Britting	cham D	elman	r. De
	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), an						MATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Lun	og CA	Weer			- 1	ROV
	1629	DUE TO, OR AS A CONSEQU	ENCE OF					
	Conditions, if ony, which	(ıb)				750		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					THE
	underlying cause last.	(c)						
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	OITION GIVEN	IN PART 110	יי
CERTIFICATION	Respualor	, taceure,	1424	RT FAILUNG				
) V	190. DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, W		
	11/86	Lung Ca	ANCOr		YES NO	YES [NO 🗌
1	00 50	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
N S	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	AT WORK NOT WHILE							
		tol) attended the deceased from_	9 /	7 . 7				hat@h (we) la
	saw the deceased alive or obave (1)/	the bady after death.	81 , on	d that in (my) (our) opinion d	eath occurred on the do	te and hour ar	nd from the c	auses stated
	THE SIGNATURE		1	PEGREE	Augustian cons		22c. DATE S	
	18 hay	on on	//	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌	12-	31-81
	224 PHYSICIAN'S NAME TYPE O	R PRINT)		22e ADDRESS		11-11-5	1981 5	
230	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		DUNTY	5 # SAATE
	Burial	1-4-82 Pa	rsons	s Cemetery	Salisbu:	py Wid	omice	DM C

DHMH - 16 50M 1/81 (VRA 15, 4) Marvel-Short Funeral Homes Delmar, De.

Cemetery Salisbury Wicomico M

De. JAN 6 1982 Registration Registratio

80 500 185 864 gain wenters and a larger former alwantes your steel the day are at the world the wronger is a larger provide do real and the second of the second Training and managing had a sure a later to select TRE 1 - 25 - 25 - ---- don't ing animost and the state of the second Boot I - goort swarp of thought to the control of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after death. Faile 4 mentioned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician and campletely filled in the little of the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be I lied filled with the Stote Dept. of Health and Mantal Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examine must be existed.
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6		tem 13e and 16b	G 564 2/8		OF MARYLAND EALTH AND MENTAL HYG	1 8 I	3 3 3 3	
	1	- STATE REGISTRAR			CATE OF DEATH	REG. N	10.	
1		CEASED NAME FIRST NORMAN	J.	Brit	ingham	De cembe	MONTH DAY YEAR 26 H	145 M
(M)	3. SE	male	white	S. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIL	RTHDAY) IF UNDER I YEAR IF UN MONTHS DAYS HOU	NDER 4 HRS
1 11 35	. В	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY O	OR COUNTY OF DEATH	MD
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hot the death certifico by the attending phys ase remove carban pop cremation, or remove other troumatic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF	ueunione Sepses	ton, Been	APPROXIMATE IN BETWEEN ONSET	AND DEATH
signed Then plea ta burio njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)	
hos been permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI	ISED EATH?
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AL DIREC detoched ofe Dept. IT: If Item		22b. SIGNATURE	7/10		EGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	220. DATE SIGNI	181
TO FUNERAL should be deto with the Stote IMPORTANT. If		1226. PHYSICIAN'S NAME (TYPE OF HERD M. 16	BAldada.	m.D.	1 0	erside I	v. SAlisbur	M
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H-16 50M 1/81 VRA 15, 4)	24 FU	INERAL DIRECTOR	11-	Selbyvill	25e. DAT	AN 6 1982	256 REGISTRAR'S STONATURE	other

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST MIDDLE 2a. DATE OF DEATH MONTH 2h HOUR James BROWN December 27 1981 4 RACE 3. SEX 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR YEAR O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED [CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Deer's Head Center Salisbury Usa lecones USUAL RESIDENCE (IF NURSING HO OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS T3a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BOV642 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES F NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 224 PHYSICIAN'S NAME (TYPE OR PRINT) Nancy W. Tustin, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE

24 FUNERAL DIRECTOR

Deer's Head Center, Salisbury, Md. 21801 230 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

JAN

SY REGISTRAR 256 REGISTR

22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

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	THE STATE OF THE S	
TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin 34 louns after definite retained by the hospital or attending physician.	N
TO FUNERAL DIREC should be detached for with the State Dept. o	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committee in the time function in the should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 around be filed within 72 from with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	72 hours

BP.

DHMH-16 25M (VRA 15, 4) 1/79

FOR STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

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RE	GISTRAR				CERTIFI	CAILOI	PENTIL		REG NO				
I. DECEA	SED NAME	FIRST		MIDDLE	LA	ST		2e. DATE OF D	EATH M	HTMO	DAY	YEAR	26 HOUR
(TYPE OR P	KINI)	Bell	1	TALL	B	sille			17	2	5	81	12-0
3. SEX		0-11	4 RACE	11/	5 DATE OF	BIRTH		6 AGE (IN YEAR	1 -		IF UNDER		IF UNDER 24 H
	F		W		MONTH	22	1881	<	06	YRS.	MONTH5	DAYS	HOURS M
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	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-24	-1362	MIL	RED T	AUGHER	17V -		ONK		
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CC	ave rise to	ating the	DUE TO, C	R AS A CONSEQUE	NCE OF								
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	RT 2 OTHER S	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	NAL DISEASE	OR COND	ITION GI	VEN IN P	ART I(a	9
CERTIFICATION	runar	4 Tro	ret qu	Jection	,	Hy pe	rosmol	or C	ama				
Y 190	DATE OF OPE	RATION	19L COND	ON FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOP	5Y?				IGS USED OF DEATH?
E		V		1		0		YES D	NO		ES 🗍	AUSES	NO [
210	ACCIDENT WAS	UNDERLYING				21c HOW IN	JURY OCCURR	ED (ENTER NATU	RE OF INJURY	IN ITEM 18,	PART I OR P	PART 2)	
	CONTRIBUTING (Ain	.M. MONTH D	AY YEAR								
=	INJURY OCC			.M. OF INJURY	19	211 LOCATE	ON						
¥ W		WHILE	(AT HOME, SI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		C	ITY OR TOWN	4	COU	NTY	STATE
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220			1000	he deceased from _	CT)		19	10			19.0		that (% (we)
	saw the deci	(did) (did	view the bady	after death.	and and	that in (my	(aur) apinian	death occurred	an the dat	e and ha	ur and tr	am the c	lauses stated
228	SIGNATORE		0 1	1	D	EGREE		1			220	L DATE!	SIGNED /
_ 1	tuo	u as	CA	well a	x. N	1. D	PHYSICIAN [MEDICAL DIRECTOR'S	STAFF	AN		12	15 18
220	PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRE	SSO (N)	0 1		1		7	1
	[Hom/	S C.	HILL	JR.		Pine	Bluff	Koad	S	0/17	chu	RY	. Md
73a BUR	IAL CREMATIC	N REMOVAL	23b. DATE	1230 1	NAME OF CE		CREMATORY	1234 LOCAT	ION		3001	#	
(SPEC			12-8	h			EMETERY	C CHY ONT	FIELD	- 5	COUNTY	A	STATE
74 FLINE	RAL DIRECTOR		1,- 0	91 DO	IAM! IVE	Dec Co		REC'D, BY REC			MARISS		IDD A
	TO WINE CIVI												
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Baitabury Teningula Coneral Hospital Process Cone and Process

FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO	33333
1. DECEASED NAME FIRST		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
Dono	THY	CEPHAS	E4E	12 26 81 62
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS M
PEMALE	N	2 16 37	44	YRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Milford, Del.	U.S.A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	
Salisbury	Peninsula Ger	ADPRESSI Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOOD PROCE	ON 12b. KIND OF BUSINESS (F WORKING LIFE) INDUSTRY
Maryland Do	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 13t CITY OR TOW TChester Hurlock	VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS P.O. Box	417
John E. Bell	MIDDLE LAST	15 MOTHER'S MAIDEN NA PREST Dorothy	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (16 YE	S, GIVE WAR OR DATES)		ADDRE	
No	219-34-	-2719 Shirely Bell	, Rt. 2, De	1mar, Del. 19940
18. CAUSE OF DEATH (Enti- PART I. DEATH WAS CA	er only ane couse per line (a), (b), ar USED BY:	hulumus any		BETWEEN ONSET AND DEAT
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR A (c)	ENCE-OF Suparetine		HRS
PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OR CONTRIBUTING CAUSE O	EDEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
sow the deceased aliv abave, (If we) (did) (di	ospital) attended the deceased fram- e on <u>12/26</u> 19_4 d nat) view the bady after death.	743, 1987, and that in (my) (aur) opinion	death accurred an the da	te and hour and from the causes stated
226. SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAF	FIAN
D. M. WOOD	YPE OR PRINT)	22e ADDRESS		
230. BURIAL, CREMATION, REMO	VAL 23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	

DHMH-16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR

ADDRESS Federalsburg

Framptom-Hawkins Funeral Home, 216 N. Main St.

Burial

24 FUNERAL DIRECTOR

Dec. 30,1981 Mt. Nebo Cemetery

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		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	TYPE	CEASED NAME FIRST	B.		CHILD		DECEMA		1981	PA HOUR
16	male male		white Se		5. DATE OF MONTH Sep	t. 24. 19	7 64 YRS.		IF UNDER 1 YEAR IF UNDER 24 HRS.	
100	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Missouri	U.S.A. WIDOWE					BALTIMORE CITY OR COUNTY OF DEATH WICOMICO		
20	S	alisbury	Peninsu	lla Ger	neral	Hospital	12d USUAL OCCUPA (1YPE OF WORK FOR MOST retire	OF WORKING LIFE		sale
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e medic			ve war or dates)			Alma E. C				Del. sboro,
ijury, or other froumatic ev	Z	Conditions, if ony, which gave rise to immediate couse to), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT	A CONSEQUE	ENCE OF ENCE OF DEATH BUT NO	Called HE TERN	Calle De	NDITION GIVE	Me GR	
ows ony inj	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	NY OR WHICH	OPERATION V	WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDING	
- / 3		21a ACCIDENT WAS UNDERLYING CONCENHANTING CAUSE OF DE.	A1117	JURY MONTH DA	Y YEAR	1c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT I OR PART 2)	
rked or	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY FACTORY OFFICE, FA		II. LOCATION STREET	CITY OR T	OWN .	COUNTY	STATE
n 21 is mo	4	aw the decead dead abave, (I) (we) (did) (did no	12	14 100		hat in (my) (our) opinion	death accurred on the	dote and hour		hat (I) (we) la ouses stoted
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE S	IGNED	
IMPORTANT: IF		J. G. GREEN	mo	P		PUINCY E LO	CUST ST	SALI	BURY	m0218
_ 23	15	JRIAL, CREMATION, REMOVAL Burial	236. DATE 12/18/				23d LOCATION CITY OF TOWN EM . Seymon	ur. Mi	county	STATE
A 1/81	P. FU	hand T. Wa	tem	ADDRESS 1	lsbor	o, Deh	TE REC'D. BY REGISTRAI	25b REGISTR	AR'S SIGNATU	Marcy-

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Holloway Funeral Home P A Salisbury

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN DO (TYPE OR PRINT) ESTI-V. CONWAY 0:20 ADDIE DEATH MATED 4. RACE 2d. HOUR DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 26. DATE LAST BIRTHDAYL PRONOUNCED White 20 61 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Wicomico Md. , 2, AND 3 TO THE FUN 13. RETAIN PAGE 5 F 2 SHOULD BE FILED VAL RECORDS, 201 WIP WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE | NONE OR INDUSTRY General Hospital Salisbury Wicomico Salisbury 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maple Way Md. 18. GIVE PAGES 1, 2, A WITH FORM PM 3. R VIT. PAGES 1 AND 2 SHG DIVISION OF VIDAL RI 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Eva Joseph Parsons Frank 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-10-9700 BYOD AUSTON SALISBURY. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PERCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion minutes AMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gave rise to immediate DEUE NOWOK AS A KOKINE BILIENCIKOK couse (b) stating the underlying couse lost. Diabetes Mellitus years PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Notural causes depth resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 12-14-81 Deputy SIGNATUR 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Royer, M.D. Earl SALISNURY, MD. COUNTY 234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL 12/18/81 PARSONS CEM. BP. 24. FUNERAL DIRECTOR **DHMH** - 17 Wilson Funeral Homes SALISBURY, MD. (VR A15 ME (5) 15M 2/80

The say of WILL HUBERTHE STORM HOTEL TO COLUMN 1 100. 15 1981 Hiras Jan Harren

Salisbary | Fentral alengral Housital | vapital 25 1.5 1981 3-1. 25 1891 3-1. 25 1891 3-1. 25 1891 3-1. 25 1891 3-1. 25 1891 3-1. 25 1891 3-1. 25 1891 3-1. 25

2	1	FOR - STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY SICATE OF DEATH	GIENE 8	3 3 3	9 2
		ECEASED NAME FIRS	MIDDLE		AST	REG. N		26 HOUR
poge 3		Ev	a F. CRO	OUCH		3.	12-15-81	1 5:40 PM
	3. S	EX	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HRS
o o		F	W	MONT	7-4-03	78	YRS MONTHS DAVS	HOURS MIN.
一人而	70.	COUNTRY!	76 CITIZEN OF WHAT COUN	VIRY! 8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
MAN S		MD.	U.S.A.	WIDOW	DIVORCED	Wicomico	County	MD
P	1	alisbury	11. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE Salisbury Nut	URSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ION 126 KIND	OF BUSINESS OR
be file	USU	JAL RESIDENCE HE NURSING HO	MI THER INSTITUTION GIVE RESIDENCE		me	NONE		
Should be		MD. S	OMERSET 136. CITY OR	DEN	YES NO	13e. STREET ADDRESS		
JE /	14. F	ATHER'S NAME FIRST	MIDDLE LAS	1	15 MOTHER'S MAIDEN NA	ME		
16×10	1	BENJAMIN	WILLEY		ROSE WAC	HBURN	14	AST
dical		WAS DECEASED EVER IN U.S	S. ARMED FORCES! IM SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	
a a		N			MR. RONAL	D CROUCH	SALISBURY	MD.
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ows ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSE: YES []	INGS USED S OF DEATH?
or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH		21c HOW INJURY OCCUR			
- F	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	2H LOCATION			
ked	X	WHILE NOT WHILE T	AT HOME STREET, FACTORY OF	FFICE FARM ETC	STREET	CITY OR TO	WN COUNTY	STATE
r II nim 21 is mar	ST. IN	220.1 certify the fit (this has been seen all the consequences of the consequences) and the consequences of the consequences o	e on h	107	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	22c. DATE	, that (I) (we) last e couses stated
ORTAN	1/	ME MUSICIANISMAME!	SPE OF FRINT)		22e ADDRESS	J owner-ow [] Tritole		701
APORTANT	18	DR. EARL M.	BEARDSLEY		RT. 50& CIVI	C AVE. SALT	SRIRY MD C	21801
1 3	730	BURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITACLIEN		51A1E
A 1/81 4)		UNERAL DIRECTOR WILSON FUNE		ÎNCESS		E REC'D. BY REGISTRAR		Neither

WELL INTERCONFERENCE SALES CHEM. FOR

1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
620	1. DE	CEASED NAME LUH	MIDDLE	Cummins		DAY YEAR 76 HOUR
OBE A	3 SE		1 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST RIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1	M	Male	White	Feb. 25, 1905	76 YRS.	MONTHS DAYS HOURS MIN
hour p	7r. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH
100	4	Missouri	U. S. A.	WIDOWED DIVORCED	Wicomicc	MD.
190	1	Salisbury	11. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET A WICOMICO NURS	ADDRESS)	12r USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIE Ret. Farmer	12b KIND OF BUSINESS OR INDUSTRY
State 3/	13a	STATE 136 COUP	other institution, give residence before NTY 13% CITY OR TOWN Salisbu	N 134 INSIDE CITY LIMITS?	13a STREET ADDRESS Rt. #2 Box 3	44
completely fill		ATHER'S NAME FIRST Villiam A. Cu	mmins LAST	15. MOTHER'S MAIDEN NAME FIRST Cru	ME MIDDLE	TAST
is 1 a		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	
ysician and pers. Pages oval.		10	217-36-1	1015 Esther T.	Cummins Salis	bury, Md.
led by the attending physic lease remove carbon papers urial, cremation, or removal ury, or other traumatic ever		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) LANGE DUE TO, OR AS A CONSEQUE (c) HAMPINA	MCE OF TURNE		
een sign Then pl or to bu any inju	NOI			<u>DEATH</u> BUT NOT RELATED TO THE TERM		
n. t permit. Ti giene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
ig physician. This certificate ha urial-transit perm Mental Hygiene dor Item 18 sho		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, P	'ART T OR PART 2}
After this s the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: USE a f Heal		saw the deceased alive an	tol) attended the deceased from	, and that in (my) (aur) apinian	death occurred an the date and have	19, that (I) (we) last or and from the causes stated
by the hospite ERAL DIREC e detached for State Dept. o ANT: If Item		278 SIGNATURE	Scholl N		MEDICAL STAFF. DIRECTOR PHYSICIAN	320 DATE SIGNED
retained by the TO FUNERAL should be detacted with the State		ac M. t	chell, M.	D. 120 ADD 9859	378 Salisi	bury, 41d
	23a. (BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24 F	Burial UNERAL DIRECTOR A	12-4-81 Pa	arsons Cem. 25m. 25m.	Ballsbury 1	comico Md.
DHMH-16 25M (VRA 15, 4) 1/79	Ma	rvel-short F	uneral Home De	elmar, Del.	PP 1 1201 143	- AU

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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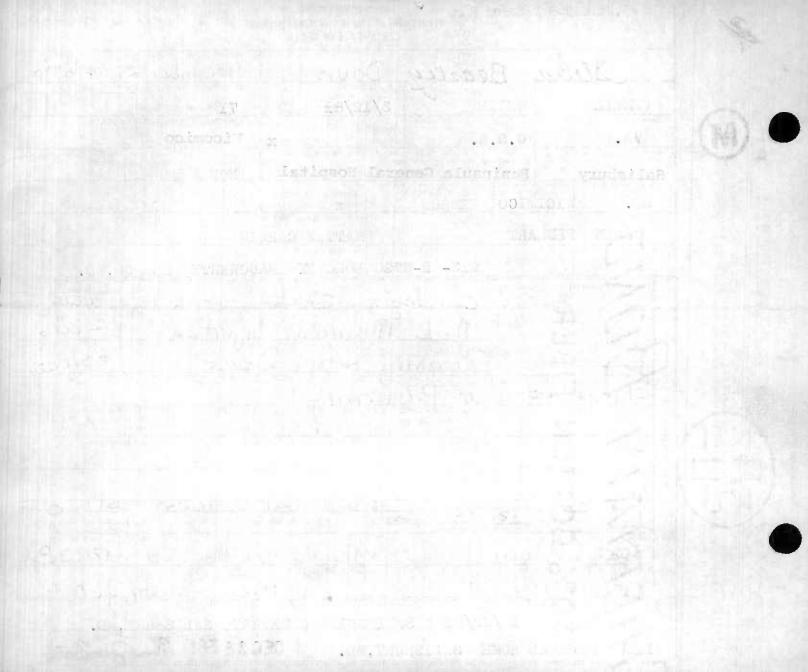
A STATE OF THE PROPERTY OF THE STATE OF THE certain still Salisbury Peningula General Hospital Kintewick Chin Nicol MIS WHEN HONORED SE HOSER J MOSERK - DEGIG CATH No - to Coloren a Darsh Marting the The season the same of the same of Marketin to day a three is said 202 - 1907 The state of the s 14 E (E) Termes Com Denticina Phil Burgard, Burgard

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN (TYPE OR PRINT) CAROLINE DAUGHERTY DEATH MATED 4 RACE 6 AGE (IN YEARS 3. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE PRONOUNCED White 12-8-81 Female OL DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico Md. U.S.A. DIVORCED 5 2, AND 3 TO THE FU 13. RETAIN PAGE 5 2 SHOULD BE FILED, ALRECORDS, 201 W. 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Salisbury Hospital General seamstress garment 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Somerset Crisfield YES 🗌 NO K Md. Jacksonville Road 18. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH, DIVISION OF VITAL, P. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE James Daughertv Fannie ADDRESS Rt. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-14-7013 Margaret D. Usilton -Kennedyville, Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Trauma davs IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL EXECUTE THE CERTIFICATE. WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARKIAND, 21201 PRIOR TO BURIAN OF BALLIMORE, YES 216. TIME OF INJURY HOUR AM, MONTH DAY NO X 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Passenger in auto involved in crash. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY Worcester STREET FACTORY, FARM, ETC. Stephen Decatur Rd., Berlin, NOT WHILE Inspection X Autopsy and in my opinion 220 I certify that I taok charge of the remains described obove, held an Accident X death resulted Iram: Notural squses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy 12-10-81 SIGNATURI Earl L. Roygr, M.D. Camden Ave., Salisbury, Md. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Crisfield - Somerset - MD. Burial 12/10/81 Sunnyridge Cemetery BP 24. FUNERAL DIRECTOR **DHMH-17** Bradshaw Funeral Home, Crisfield, Md. (VR A15 ME (5)) 15M 2/80

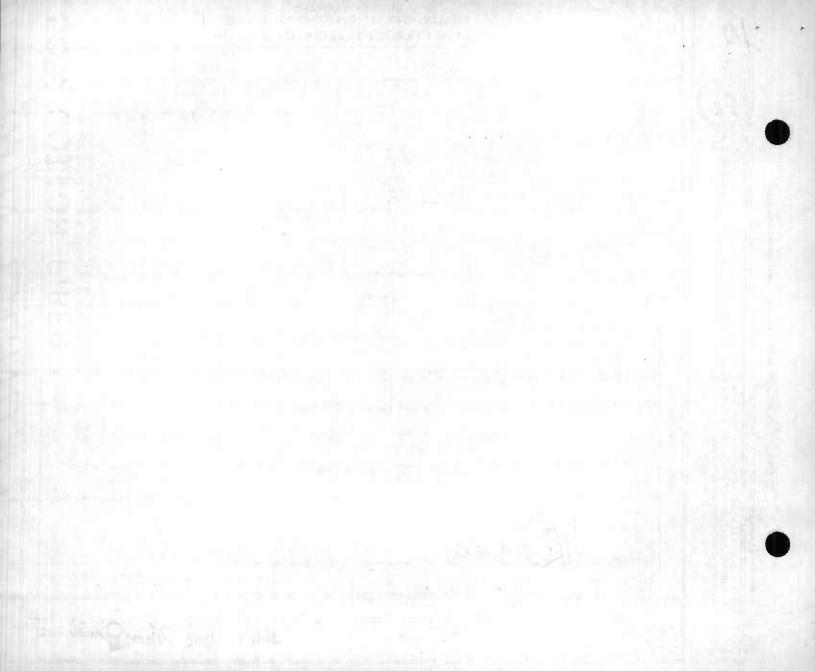
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	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours
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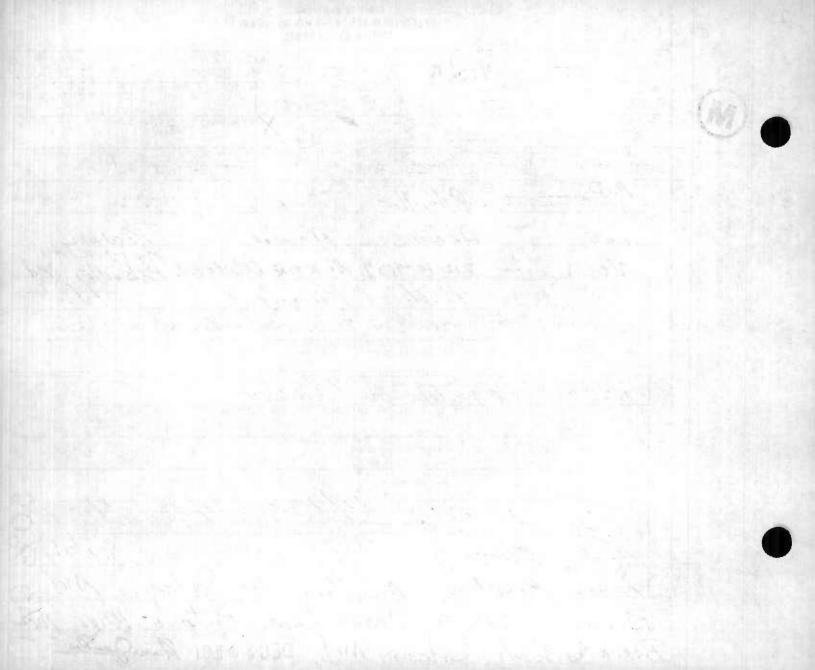
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29				REGISTRAR		CERTIFICATE OF DEATI	REG. NO.	
	esta:			CEASED NAME OR PRINT)	MIOOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
and An	d de 0			Stella	Beasley	Davis	December	25 1981 6:45 D M
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24 ho	filled in ould be	35	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN WICI				
The state of the s	2 sh	0	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAID		
bed w	and and	11		JOHN FLUH	ART	MATTIE	CARMINE	LAST
xecul	Poges	1	160 V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR		ADDRESS	
pe e	s. Po	/		(IF YES, GIVI	213-22-6	720 DOROTHY	DAUGHERTY HEBF	ON MD.
cote	hysici ooper oval. nt, th			18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane couse per line for (a), (b), and D BY:	1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certif	ban c eve			IMMEDIAT	E CAUSE (a) Cardio	odenik Shac		4 ms
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equires	Then property.		NOI	PART 2 OTHER SIGNIFICANT C	THETHE PU	EATH JUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	EN IN PART Ha
30	rmit.	4	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
The I	sit pe	1	RTIFI			/	YES NO YI	S NO
AN.	fron fron fron 18 s	9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}
YSIC	verial Aento	71	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
offend offend	fter this as the b h and A		MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ATTE	d for) Z - Z 5 1) view the bady after death.		pinion death occurred an the date and hou	
AL OR	AL DIRI detoche ote Dep IT: If Ite			22h SIGNATURE	our.	DEGREE ATTEND	MEDICAL STAFF	12-252)
SPIT ed by	Id be the State St	1		224 PHYSICIAN'S NAME (TYPE O	PRINT)	220 ADDRESS	A 6	
O HC	should be d with the Sto	1		Koger n	Devall	Kai	Hre. Jalish	un md.
	~ > >		23a B	URIAL, CREMATION, REMOVAL	, ,	AME OF CEMETERY OR CREMA	CITY DIFTOWN	COUNTY STATE
BP.				BURIAL INERAL DIRECTOR	12/29/81 S	PRINGHILL CE		The state of the s
	16 50M 1/B1 A 15, 4)			ILSON FUNERAL	L HOME SATISB	URY,MD.	56. DATE REC'D. BY REGISTRAN SERVICES DEC 2 8 1981	A Charles Vanton
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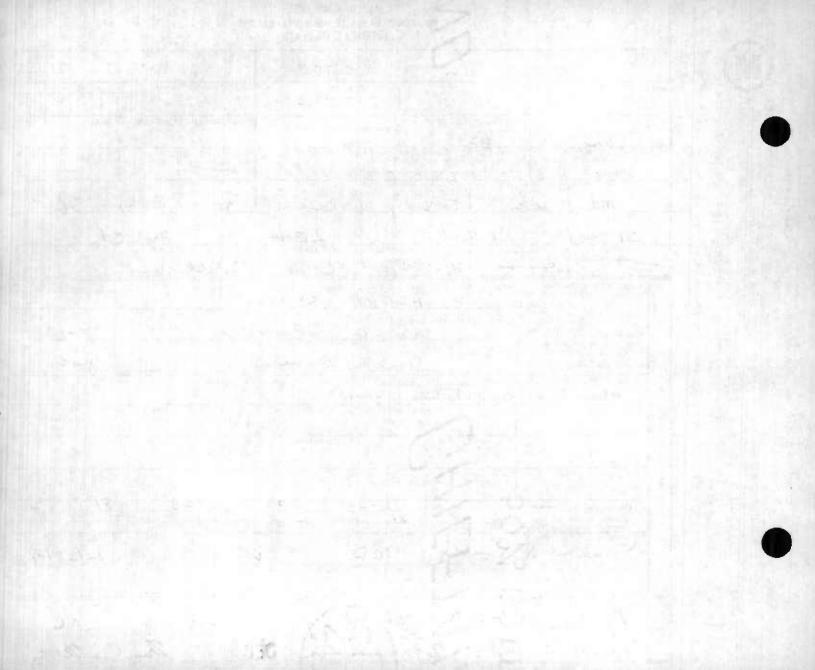
6 Ti	FOR - STATE REGISTRAR	8a-22a Fi	D	19/82 rest/ DEPARTMENT OF DICAL EXAMI	HEALTH		- 07	H REG.	3 3	3 9	1
	DECEASED NA	ME FIRST	ette	Roberta		Dawson	2a.	DATE KNOWN OF ESTI- DEATH MATED	HTMOM H	DAY YEAR 20 19 81	2b. HOUR
\$40) L	sex female	4.RACE black	5. DATE OF BIRTH	YEAR 44 6. AGE (IN Y	DAY) MONTH	DER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE ONOUNCED DEAD	MONTH 12	20 ₉ 8	
0 24/4	BIRTHPLACE FOREIGN COUNTR Laurel,	Delaware	U.S.A.	PITAL, NURSING HOA	WIDOW		CED	Wico	mico C	ounty	AM.
E800	Salisbu	ry /	171 Sp	CILITY GIVE STREET ADDRESS! Oring Hill TE RESIDENCE BEFORE ADMISS	Road	EK INSTITUTION	asst.	OCCUPATION (TOF WORKING LIFE) COOLDI	nator	Head-St	art
35	Marylan	d Wicor	nico	Salisbury	,	13d. INSIDE CITY LIMITS? YES NO		Springhi]	ll Road	d	
2 11 1	FATHER'S NA/ Elijah		MIDDLE	Everett		Beatr	ice	MIDDLE		LAST	
16	(YES, NO, OR UNK	DED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	TY NO.	Roy Daws	on	Same	ss as at	oove	
AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave cause lying c	ians, if any, which rise to immediate a) stating the <u>under- ouse lost.</u>	(b)	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF	E OR CONDITION GIVEN IN P	ART 1 (a).				
OF HEAL	19a DATE O	OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			- 3	20. AUTOPSY	? NO 🗆
ARIMEN IOR TO BU	UNDERLY IN	NAL CAUSE WAS NG OR TING CAUSE OF	DEATH P.M.	MONTH DAY YEA	AR	OW INJURY OCCURR	ED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PAR		NO D
21201 PR	WHILE AT WORK	OCCURRED NOT WHILE [AT WORK	21e PLACE O STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	C	TY OR TOWN	COL	PINTY	STATE
BALTIMORE, MARYLAND, 2		ilted from: Non	ral causes X,	ribed obove, held on Accident , S	Autop		Undetern	Inquiry ,	ond in my op], DATE SIGNE	inion D_12/20,	/81
ALIMO	EXAMINER (TYPE OR P		MEZ R.GUAF			ADDRESS.		n Street	, Balt	o.MD212	01
		rial Ector	12/27/81	Green A	cres	Mem. Park		isbury	vicomic	o Mery	Land
5)) J		emorial C		Lisbury, Ma				1002		-	



STATE OF MARYLAND



	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF HEA	F MAKTLAND LTH AND MENTAL H' ATE OF DEATH	YGIENE 8 1	3 3	3 9 9
		CEASED NAME	FIRST	MIDDLE	LAST		REG. 2a DATE OF DEATH	MONTH DAY YEA	20 110011
		<u> </u>	Pauline	C.		CKERSON		12-28-81	11:00A
	3 SE	x F	4 RACE	В	S DATE OF I	7-25'-04 YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 Y MONTHS D	YEAR IF UNDER 24 HRS
300 TO	7a B	IRTHPLACE (STATE OF FO	A 1 44 1	OF WHAT COUNTRY	MARRIED	NEVER MARRIED DIVORCED	1.1	OR COUNTY OF DEATH	H MI
of Polytied		ITS RURY	(IF NOT I	OF HOSPITAL, NURS N SUCH FACILITY, GIVE STREE SBURY NURS	ING HOME OR (OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		D OF BUSINESS OR
og Sh	USU 13a.	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTION OF THE PROPERTY	13c. CITY OR TO	ORE ADMISSION) WN 13	I INSIDE CITY LIMITS?	130 STREET ADDRESS	Dukre	De
21	14, F	SIMMON	ALIDDIE	o Ford LAST		MOTHER'S MAIDEN N			LAST
medical		VAS DECEASED EVER II	U.S. ARMED FORCE	ES? 166 SOCIAL SEC		INFORMANT LEGIA	SHocki		
r traumotic event, th		Conditions, if ony, gove rise to imme	DUE TO which ediote	D, OR AS A CONSEQUE	SUVI UENCE OF SCVD.	Genet.	oral.		PROXIMATE INTERVAL EEN ONSET AND DEATH
, or orne		underlying couse	lost. (c	D, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	cable	, mellet		INDITION GIVEN IN PAR	ears
any injury	ATION		knee an	. 4-1	belie	sly	200 AUTOPSY?	206. IF YES, WERE FIN	
shows o	CERTIFICATION	71a ACCIDENT WAS UNDE	RIVING 716 TIA	AE OF INJURY	12	A HOW IN LUBY OCCU	YES NO	IN CERTIFYING CAU	ISES OF DEATH?
Item 18	MEDICAL C	OR CONTRIBUTING CA	USE OF DEATH HOUR	R A,M. MONTH [P.M.	DAY YEAR		JERED (ENTER NATURE OF IN	JURY IN ITEM TB PART I OR PART	2}
rkedor	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LAT HOM	ACE OF INJURY NE. STREET, FACTORY, OFFICE		I LOCATION STREET	CITY OR	TOWN COUNTY	STATE
21 is mo		220.1 certify that (f) (I olive on 2 d) (did not) view the b		2-2 7(, ond t	hot in (my) (eur) opinio	, 10 7	dote and hour and from	, that (I) (we) lost the couses stated
NT. If Hen		220 SIGNATURE	1. F.J.	lisari	m.D.		MEDICAL ST DIRECTOR PHYS	AFF	ATE SIGNED
MPORTANT		DR TOSET	H C FITZ	GERALD, M.	D.	CIVIC AVE	SALISBURY,	MD. 21801	
_		BURIAL, CREMATION, R SPECIFY BARIA	EMOVAL 236 DATE	2-82 (NAME OF CEM	Cometse	23d LOCATION CITY OR TOWN	DOLASH	NE STATE
/81	24 F	JNERAL BIRECTOR	A. Foot		RIVERSIDE		TE REC'D. BY REGISTRA	AR 256 REGISTRAR'S SIGN	VATURE



I DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY (TYPE OF PRINT) Calvin Henry ELLIS, Jr. DER EAR DER 30	
Calvin Honry FEEL To December 190	YEAR 26 HOUR
	1981 15
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNCE	ERTYEAR IF UNDER 2
Male White Jan. 21, 1939 42	
Maryland Marked Micomico Micomic	EATH
Salisbury Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) IND	KIND OF BUSINES DUSTRY COOKING
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN Wicomico Salisbury 133. INSIDE CITY LIMITS? 2322 Hudson Driv	
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	LAST
Calvin Henry Ellis, Sr. Pauline Day	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YYES NO OR UNKNOWN (IF YES, GIVE WAR ORD ATES) Wrs. Sandra Ellis (wife) sa	
Yes oo or unknown) (IF YES, GIVE WAR OR DATES) Mrs. Sandra Ellis (wife) sa	ame as]
COUSE (01, stating the underlying cause last) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERN 18 PART 1 ORF	PART Ito
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HOUR AM MONTH DAY YEAR	PART 2)
21d, INJURY OCCURRED 21e PLACE OF INJURY 21t LOCATION	DUNTY ST
ATTENDING MEDICAL STAFF	, 11101 (11 (11
22d HILS MAN'S NAME (TYPE OR PONT) NAME (TYPE OR PONT) Salisbury, Maryland	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY OF COUNTY OF COUNTY	
opening india. Gardens, Saitsbury, Wic.	
HOLLOWAY FUNERAL HOME, Salisbury, Md. 1AN 6 1982	SIGNATURAL TO

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4/1.	FOR STATE		DEPARTMENT OF DICAL EXAMIN	HEALTH		-	3	3 4 0	1
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3. 58	Male AA	S. DATE OF BIRTH		AY) MONT			ICED 7 3	19-81	2d HOUF
55	BIRTHPLACE (STATE OR FOREIGN COUNTY) Maryland	76. CITIZEN OF WI		MARRI WIDOW	ED NEVER MARR	IED I I	ORECITY OR CO.	OUNTY OF DEATH	J.M.
30 10 0	Salisbury	Peninsu	PITAL, NURSING HOMI CHITY, GIVE STREET ADDRESS) La Genera	, ок отн 1 Н с	er institution spital	120 USUAL OCCUP FOR MOST OF WOR	PATION (TYPE OF V KING LIFE)	NORK 12b. KIND OF B OR INDUS	BUSINESS
5 USU 130	JAL RESIDENCE (IF IN NURSING HOME O STATE 13b. COUNT Md. Wic		136. CITY OR TOWN Salisbur		13d. Inside City Limits? Yes Mo		ss amingo	Drive	
14, 1	Joshua	WIDDLE	Fields		15. MOTHER'S MAIDI	ENNAME	IDDLE	Bailey	
160.		(OR DATES)	220-03-6		Josephi	ne Field	address a 102	Flamingo	Dr.
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a) stoling the underlying cause last.	PBY: DE CAUSE (a) DUE TO, OR (b) AS	for (a), (b), and (c).) Ocardial AS A CONSEQUENCE CVD AS A CONSEQUENCE	OF	rction		•	hou yea	
FICATION	PART ? OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERM			RT 1 (a).		20 AUTOPS	/
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. PLACE (MONTH DAY YEAR	211 LO	CATION TREET	D (ENTER NATURE OF INJ			STATE
2 230.	22a I certify that I took charge	ol couses X.		METERY O	Homicide TITLE (SPECIFY) D. Deputy ADDRESS 109 C	Undetermined mo	inner .	DATE 12-21 Lisbury,	
- 24 (S)) R1	FUNERAL DIFFCTOR NAME USSELL FOOKS,	2-23-8 Salisbu	725 Augustus 125 Augustus 127, Md. 8		Montask 250. DATE DE	rec'd. By registra C 2 9 1981	R 251 REGISTR	AR'S SIGNATURE	

Blaif. Chiaif.

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DHMH-16 50M 1/B1 (VRA 15, 4)

	REGISTRAR ECEASED NAME FIRST WILLIA	m Wesley Fl	uharT#	Decembe	MONTH DAY YEAR > - 251981	26 HOUR 2:34
3 SE	male 1	BUCASIAN SALE		6. AGE (IN YEARS LAST BIR	YRS. MONTHS DAYS	IF UNDER 24
M	12ry/2Nd	MARRIEL WIDOWE NAME OF HOSPITAL, NURSING HOME O	D DIVORCED	9 BALTIMORE CITY O		DITCINIES
	allisbury	peninsula General	Hospital	(TYPE OF WORK FOR MOST O		B03#4E3
13a	STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN PARKS LEY	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	sley, VA,	
14 F	ATHER'S NAME FIRST MI	DOLE 1/2-1-4	15 MOTHER'S MAIDEN NA	Hasty	7/11/2 LAST	4
		ED FORCES? 16b SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	Parksle	e . the
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT		minal Disease or Coni	DITION GIVEN IN PART 110	1
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	GS USED OF DEATH
TIFICATIC	and the second second			RED LENTER NATURE OF INITIE	Y IN ITEM 18 PART 1 OR PART 2)	
CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	The state of the s		
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21f. HOW INJURY OCCUR	CITY OR TO	NN COUNTY	STA
_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) otherwise the deceased from	21f LOCATION	C		hot (1) (we

Guy J. Doughty Box 633 Exmore, Va. DEC 3 1 1981

William Wesley The Late William week by series with 18 - 68 - 11 18 18 18 18 1 -+ Fish of U.S. H. Ficonico Cambabay Pandanaula Cambaal Nogalasi William Flohert Teress Histy Flohert Villiam D Flatter T Park stop. Va. 6 yt Burist 12-22-31 Guinty Courtey Guinny Account 12 Goy Josephty Boxess Exmerciple. Helical He

216 N. Main St.

Framptom_Hawkins Funeral Home:

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Table 18 West of James 1 and 1 and 1 Selioburg Peninsula Comerci Hospital - Novimble

Established the second second second second

FOR STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

YE AR	26 HOUR
11	6 390

KEOISTKAK				44		REG. NO).			
L DECEASED NAME (TYPE OR PRINT)	CHES	TER	ORLANDO	(Frav	Decembe			YEAR	6 39P
3. SEX	4	RACE	VILVIDSIM	5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER	TYEAR	IF UNDER 24 HRS
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MARYLAND		USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O WICOMICO		Y OF DE	ATH	M
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MARYLAND 4 FATHER'S NAME	WORCE	STER	OCEAN	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 1	ME	CHEST	TER		
WARD	F	DOTE	GRAY		LIZZIE	C . MIDDLE	GRAY	1	LAST	
60. WAS DECEASED EVE [YES, NO OR UNKNOWN] YES	(IF YES, GIVE V	I I	263-26-1	0271	MARION L	OC管外 。GRAY,20	SCIT			
Conditions, if dr	IMMEDIATE	CAUSE (o)	R AS A CONSEQUE	10 100	astorne l	mg lame	n	BE	APPROXI IWEEN C	AATE INTERVAL NISET AND DEATH
couse (a), sto	ting the	DUE TO, O	r as a conseque	NCE OF						
PART 2 OTHER SIG	GNIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIV	EN IN P	ART I(o	
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OR CONTRIBUTING	CAUSE OF DEATH	Р.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR P	ART 2)	
<	WHILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	/N	COU	VIY	STATE
220.1 certify that	I) (flip-bacada)	attended th	e decensed from	17	130 1081	- 17 15		10 1		

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (and apinion death occurred on the date and hour and from the causes stated

PGH Medical Center, Salisbury, Maryland 21801

22c. DATE SIGNED

Joseph Grasso, M.D. 230 BURIAL, CREMATION, REMOVAL BURIAL

12-18-81

23c. NAME OF CEMETERY OR CREMATORY ST.GEORGES CEM.

234 LOCATION
CITY OR TOWN
CLARKSVILLE, SUSSEX, DE.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT

FRANKFORD, DELAWARE

December 15, 1981 6 7/2 Gray Joseph A. Gresso, M.D. 1954 Medical Conten Salisbury, Maryland 21844 DEC 1.8 1981 Same S. 1 330

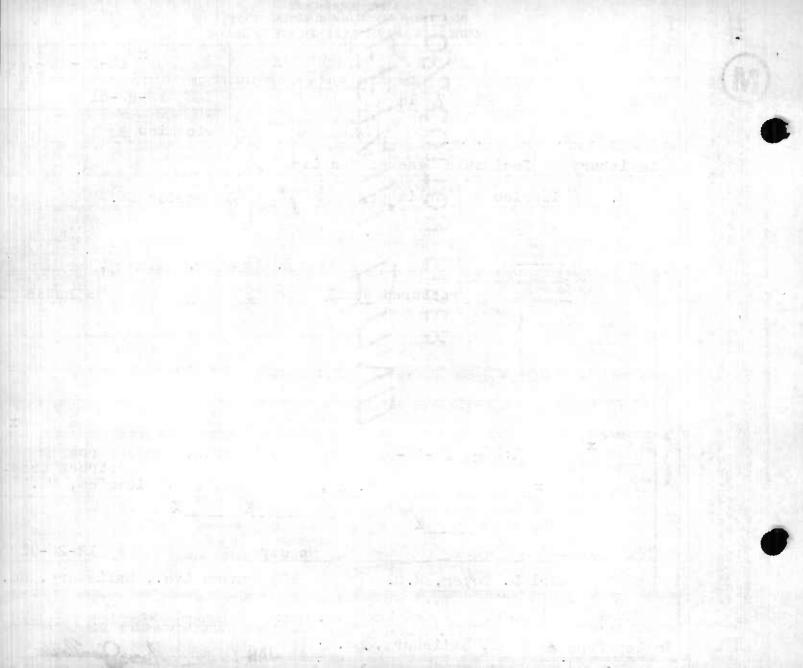
Stlishury | Pentinegla General Mossital ME L'EDREPTE POLETE E TRUET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN T 2a. DATE (TYPE OR PRINT) JAMES EDWARD HARMON DEATH MATED 4 RACE AGE LIN YEARS IF UNDER 1 YR SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED 67 2 Male AA DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH , 2, AND 3 TO THE FUNERA 13. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WITHI TAL RECORDS, 201 W PRES MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico SALISBURY MD WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! General Hospital Salisbury student Sr. High USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico Salisbury 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 519 Gordon St. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST James Harmon Jr. Veda Edward Wells IN ITEM.

A LONG WITH

ASIT PERMIT. PAGES 1. P.

SALE, DIVISION O 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 901 E. Booth St. (YES, NO, OR UNKNOWN) James E. Harmon Jr. Salisbury, Maryland no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Fractured Skull minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA 1 AND 21201 PRIOR TO BURIAL, CI 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 145 XX 12-28 TO 1 in auto, ran off road & MEDICAL Passenger 21d. INJURY OCCURRED 21e PLACE OF INJURY tree. struck TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: FAGE 3 S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) NOT WHILE Fruitland Wicomico, Md. STATE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinion Accident X death resulted fram: Hamicide Undetermined monner atural causes TITLE (SPECIFY) DATE 12-28-81 ACTUAL Deputy SIGNATUR MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. Earl L. Royer, M.D. 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 1/3/82 Green Acres Mem. Park Salisbury Wicomico Maryland BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Rt.2, Jersey Road **DHMH-17** Jolley Funeral Home, Salisbury, Md. (VR A15 ME (5)) 15M 2/80



	1-	FOR STATE REGISTRAR			DICAL	MENT OF	HEALTH	AND MENTA		TH RE	3 3 G. NO.	-, 0	3
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3 SHOULD BE USED AS A BURIAL PEPARTMENT OF HEALTH AND M PRIOR, TO BURIAL, CREMATION,	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M. DEATH P.M.		DAY YEA	21c. HC	OW INJURY OCCU	JRRED (ENTER P	NATURE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	
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ECUTE THE GE 4 SHO FUNERA TER DEATH	= -	EXAMINER'S (TYPE OR PRI	NAME Earl	L. Roye	er,	M.D.		ADDRESS 40	MED	den Ave		lisbur	
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1 -	FOR STATE REGIS
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	FICATE OF	DEATH		REG. NO.			
	ECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF		DAY	YEAR	26 HOUR
	TE OK PRINTS	MARI	AN	G.	4	illona	1)		Reember	14	1981	3:30 Pm
3. SE	EX		4. RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDAY)		ERIYEAR	IF UNDER 24 HRS
	Female		whi-	te	Oct	. 10,	1908		73 YRS	MONTHS	DATS	HOURS MIN,
Je B	SIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8.	NEVER			RE CITY OR COUN		EATH	
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	ITY OR TOWN OF E			HOSPITAL, NURS					OCCUPATION			F BUSINESS OR
	Salisbur			sula Ge		Hosp	ital	hous	FOR MOST OF WORKING	G LIFE) INL	DUSTRY	
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- 5	771 SIGNATURE) (did) (did no	ot) view the body	after death.		DEGREE		-/			L DATE S	
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1	22d. PHYSICIAN'S	NAME (TYPE C	OR PRINT)			122 ADDRES	5 1/00	stan	WEST			
	Michare	1 8.	Buch	IESS		Salis	buRy	M	d. 21	1801	/	
23a.	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT	TION	COUN	itv	STATE
	rematio		12/14	1/81 D	elmar	va Cr	emator	Lew	es S	usse	ex	Del.
24. E	UNERAL DIRECTOR	011					250 DATE	REC'D. BY RE	GISTRAR 256. REGI	ISTRAR'S	SIGNATI	U9677

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Pocomoke City, Md.

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"D. BY REGISTRAR" 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	WED		NOT WHILE C	STREET E	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	STR	EET	CITY OR TOWN	(OUNTY	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITTI PAGE 4 SHOULD BE FORWARDED FOR HURRAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P		death result ACTUAL SIGNATURE		rol corner X	described abave, held an Accident ,	Suicide .	Hamicide TITLE (SPECIFY) Deputy DORESS. 409	Undetermined mann	DAT SIGI	E 12-22	
DHMH-17 (VR.415.ME(5))	120	UNERGL DIRECT	TION, HEMOVAL	236. DATE 12-26-8 ADORE	Λ.	Hill Hill	CREMATORY Cem- 250. DATE	PEC 2 8 198	25b. REGISTRAR'S	Or, N	d.

Since We have been a second of the second Mile III John Brander I wash I will 생활을 보는 것이 하는 것이 없는 사람들이 모든 사람들이 얼마나 없다. BANGER OLD THE STATE OF THE STA

36	1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 1 6
(M)		DECEASED NAME FIRST HERMAN	MIOOLE	Johnson	December 3.	
age 4 rector, p	3	Male	4. RACE White	January 22, 1909	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24
eoth. Pa in 72 ho		BIRTHPLACE (STATE OF LOREIGN COUNTRY) Nr. Church Creek	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH
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ed within	Cxdmine C	A FATHER'S NAME FIRST John T. Johns	MIDOLE LAST	Annie H.	WIODEE	ŁAST
oe execut	medico	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECUL (E WAR OR DATES) 216-01-3	RITY NO. 17 INFORMANT	ADDRESS	21861 harptown, Md.
rificate by physicia	event, the	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and D BY: TE CAUSE (a)	icu,	uzl	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
deoth cer offending vve carbo	oumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	myocardia In	fucha
that the d by the ceose remains	ar other tra	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		Avease	

DIFFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 115 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (di + (dianot) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR | PHYSICIAN 224 PHYSICIAN'S NAME YTYPE OF 22e ADDRESS

the buriol-transit permit. Then point Mental Hygiene priar tabu certificote or Item 18 should be detached far use as with the State Dept. af Health FUNERAL BP. (VRA 15, 4)

marked

DHMH - 16 50M 1/81

MPORTANT: If Item 21 is 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Dec. 8,1981

23c. NAME OF CEMETERY OR CREMATORY San Domingo Cemetery

23d. LOCATION CITY OR TOWN COUNTY

STATE

24. FUNERAL DIRECTOR AODRES Federalsburg Framptom-Hawkins Funeral Home 216 N. Main St Nr. Sharptown

TELLET December 8 1981 ofe late leggl, 10 panist late late Management Company of the Company of Salishory of Peninnula Coneral Hospital Thille Pacific Co. and you bearing the read hardway. the state of the s Contract to a Local Light of the state of th

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Helfenbein-Hubbard Funeral HomeP.A. Chester Md. 750

STATE OF MARYLAND

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and campletely filled in by the funeral ages I and 2 should be filed within 72 I

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

	STATE OF MARYLANI DEPARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE &	DOB
	CERTIFICATE OF DEP	111	REG. NO.
MIDDLE	LAST	2a. DATE C	OF DEATH MONTH
	1		

	1	FOR STATE	DEPART	MENT OF I	IEALTH AND MENTAL HYC	SIENE Q I	0		
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			
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	3. SE:	^		5. DATE (6 AGE (IN YEARS LAST BIRTHO	MON	NDER I YEAR	HOURS MIN.
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- 1		VAS DECEASED EVER IN U.S. AR.		URITY NO.	17 INFORMANT	ADDRESS			
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F		18 CAUSE OF DEATH (Enter on	ily ane cause per line lar (a), (b), ai	nd (c) T	1				MATE INTERVAL ONSET AND DEATH
90		PART I. DEATH WAS CAUSE	D PV	-	RACEREBRAL	Jran 001101		BETWEEN	Ohrs.
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	<	AT WORK AT WORK							
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		saw the deceased alive an	Dec 6 19	81 01	nd that in (my) (our) apinion	death accurred on the date	and haur an		
		above, (I) (West (did) (did no	wiew the body after death.		DEGREE			22c DATE	SIGNED
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		allen /	Jusua 1	1		DIRECTOR PHYSICIAN	1 🗌	121	6/01
1		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS	/ /			
1		Milen W. 10	STIN		209 Mary	land AVE, Si	961560	RY, M	10 2180
7	23o B	BURIAL CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)

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BURIA 24 FUNERAL DIRECTOR

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. 5 6	ene prior to burial shows any injury,	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	RT 1(a)
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s PHYSICIAN ling physician. r this certificat burial-transit p	Mental Hy		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PAR	1 2)
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STATE OF MARYLAND

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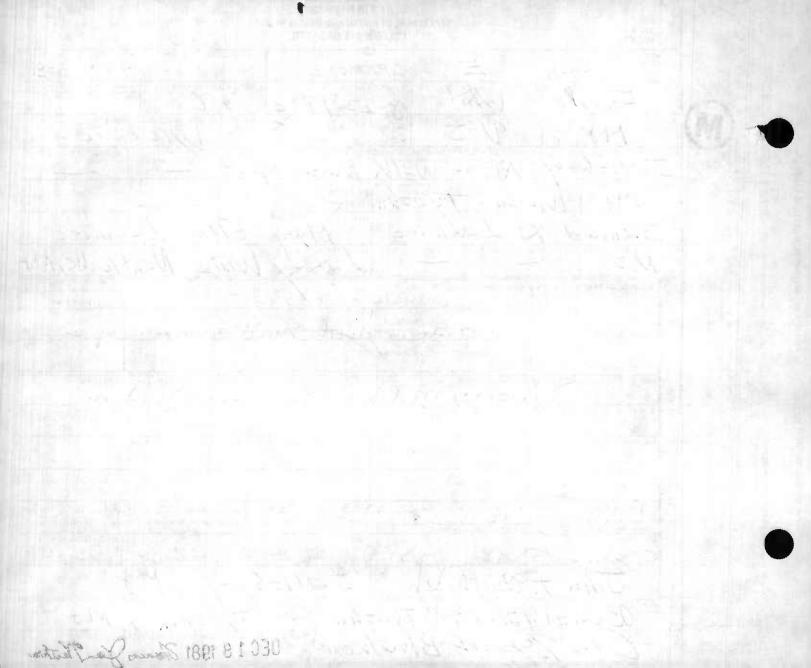
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by the host ERAL DIR State Dept ANT: If It	1	22b. SIGNATURE	Bukili.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12-14-8
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BP		BURIAL, CREMATION, REMOVAL SPECIFY)	136. DATE / 16/8/27	NAME OF CEMETERY OF CREMATORY	· THE STATE OF THE	COUNTY M & STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	I suit ADDRESS	(VI/VE, M) 250.00	EC 18 1981 There	RAP'S SIGNATURE



72		1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 4 2 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
	7		CEASED NAME E OR PRINT)	JAMES	ANDR	MIDDLE EW	LAY	TON		OF	E KNOWN TO ESTI-	NONTH 12	-26-81	26 HOUR 8:21
	W	3. SEX		White	S. DATE OF BIRTH	YEAR		UNDER 1 YR.	HOURS M		UNCED 7 2-	26-8	B1	2d HOUR
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	DELAY IS TO THE N PAGE N PAGE SDS, 201	Salisbury			Peninsula General Hospital NASA 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NASA						DF WORK 1	126 KIND OF BUSINESS OR INDUSTRY		
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RE, MD.	PEATH. II	-	THER'S NAME larence	Э	Layton			Ma	15. MOTHER'S MAIDEN NAME MIDDLE MARTHA			la la	Tingle	
ALTIMO	AFTER ISION OF ISION	16a. V	VAS DECEASED E ES, NO, OR UNKNOWN YES		VAR OR DATES)		0-2178	17. INFORM		Bu ton Po	ack Har	bor	Road	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. CATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAN AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	N	Canditions, gave rise couse (a) sto lying couse (if ony, which to immediate oring the under-	DUE TO, O	Corons R AS A CONSE R AS A CONSE	QUENCE OF						APPROXIMATE BETWEEN ONSET SUCC	AND DEATH
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•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P			hat I took charge from Noture	of the remains do	escribed above, Accident	, Suicide	_M.D	PECIFY)	Undetermined _MEDICAL EX	manner .	DATE SIGNED	12-28	
	BP DHMH - 17 (VR A15 ME (5))	24 F	Burial Burial Juana Jua Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana Juana	Som of	12/28/ funeral	81 Bet	hany M Pocon	eth. C	em.	POCOM D. BY REGIST	noke		ester	Md

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) HELEN AYRES LIVELY DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 12-7-81 Female White 76 YRS 05 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Peninsula Gener OF INDUSTRY Salisbury General Hospital DEFORM THE ANY DEVINEE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN 9. USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE IN HALTH AND MENIAL HYGIENE, DIVISION OF THAT RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Salisbury 130 Princeton Ave. 13g. STATE Wicomico 13d. INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Immons 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ORUMNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: Congestive Heart Failure days IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Arteriosclerotic Heart Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF NO X BE ICATE, WRITING THE WC FORWARDED TO THE TOR: PAGE 3 SHOULD B 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 12-10-81 Deputy SIGNATURE Royer, Camden Ave., Salisbury, Md. Earl (TYPE OR PRINT) 23c. NAME OF CEMETERY 230. BURIAL, CREMATION, REMOVAL 23b. DATE BP AR'S SIGNATURE MASSES 24 FUNER ALDIRECTOR **DHMH-17** (VR A15 ME (5) 15M2/80

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	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
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23	a. BURIAL, CREMATION, REMOVAL 23b. DA	TE 23c. NAME OF CEM	NETERY OR CREMATORY	23d. LOCATION						
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Marwel-Short Funeral Home Delmar.

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REGISTRAR

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DHMH - 16 50M 1/81

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	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 3 4 2 9
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i (M)	7a B	MALE IRTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUNTRY?	2-8-1969	2 BALTIMORE CITY	YRS DR COUNTY OF DEATH
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BO South		alisburv	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION AGORESSI eral Hospital	12a. USUAL OCCUPAT	
St house	USU 13g	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY ISC. CITY OR TOW	E AOMISSION)	13e STREET ADDRESS	
d within	14 F/	THER'S NAME PERST	DDDY/ Sun Many	15. MOTHER'S MAIDEN NA	AME MYDDIE	R¥.
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that the de by the ott case reman of, cremation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	agreeping	C C C C C C C C C C C C C C C C C C C
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he law range. has been to permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The ng physicial certificate hunditransit gental Hygier lem 18 sho.		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
NG PHYSI r attending fifer this ce as the burn th and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	23e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TO	OWN COUNTY STATE
TENDIN or use as or use as of Heolth		22a.L certify that (1) (this haspit	ol) attended the deceased from	, 19, 19	, to, death occurred on the d	, 19, that (I) (we) los
the hasp the hasp toched for e Dept. of		obove, (I) (we) (did) (did not 22b. SIGNATURE	A Second	DEGREE ATTENDING	AAEDICAL STA	22¢ DATE SIGNED
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Sutt Caralysa 484 Land Vilconian Maryland Harrester Soon Fill REPER William Morris Shidey Ann Tore NO 2888 Shide PARANCE Sugar HAR NO Burist 15-24-37 Mr. Elisa C Sugar Hilly Harding WETHING F. Denors, Snew that Mile Burn Brown die

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN K (TYPE OR PRINT) OF ESTI-:264 STEPHEN D. MULVEY 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 12-14-81 Whi te Male 9 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Wicomico USA Maryland WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Peninsula General Hospital Salisbury sheet metal worker -Baysinger Trailer Park Salisbury 13a. STATE Wicomico 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edy William Mulvey Betty Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Salisbury Trailer Park Vietnam 900-12-2830 Betty Mae Mulvey Salisbury. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fractured Skull davs Conditions, if any, which Intercranial Hemorrhage days gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF HE 2 21201 PRIOR TO BURIAL, YES NO A 21a. EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR Roof collapsed while working, fell CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2: 201 P igh School, Snow Hill, WHILE AT WORK Snow Worcester, Md. Inspection X 220 I certify that I took charge of the remains described above, held on Accident X Suicide Homicide Undetermined monner death resulted from: atural couses TITLE (SPECIFY) ACTUAL 12-14-81 Deputy SIGNATURE Earl L. Royer, M.D. EXAMINER'S NAME (TYPE OR PRINT) 409 Camden Ave., Salisbury, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12/16/81 Burial First Baptist Cem. Pocomoke Worcester Md. BP. Watson & Walson Funeral Home, Pocomoke, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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ATTENDIP		22a. I certify that (I) (this saw the deceased a abave, (I) (we) (did).	live on	13	2// 19		d that in (my)	(out) opinion	death occurred on the	e date and hour	-	that (1) (we) last causes stated
y the hor y XAL DIREC detached note Dept.		michael michael	P. U	Buch	hass				MEDICAL DIRECTOR PH	STAFF YSICIAN []	221. DATE	SIGNED
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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE		1	3	3	4	3	1
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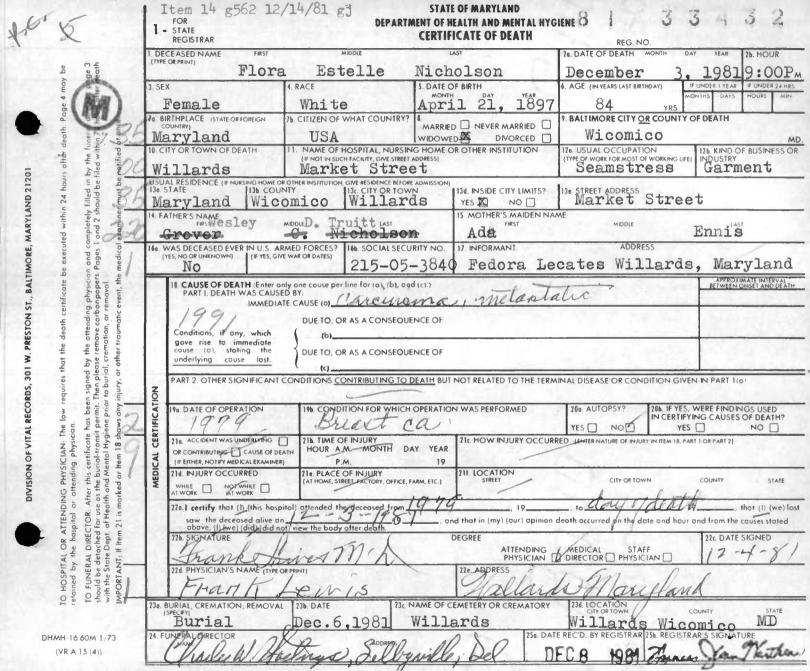
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	1 - STATE REGISTRAR	DPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 4 3 1
1	1 DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Everett	E Nas	sheim	December 24. 1	981 9am
	3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	male	white	Aug. 6, 1908	73 YRS	MONTHS DATS HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8 X	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	North Dakota	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	***	MD
A COLUMN	10 CITY OR TOWN OF DEATH Salisbury		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING & Meat Cutter	126 KIND OF BUSINESS OR
10	Md. Ken	INTY 13c CITY OR TOW	YES X NO	ise STREET ADDRESS General De	livery
1	14 FATHER'S NAME Eimer	Nasheim	15. MOTHER'S MAIDEN N	AME	Don't Know
Ī	160 WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	ADDRESS W	ite
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1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
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	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART ?)
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	Marly W	r. Tustui,		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	Nancy W. Tust	tin, M.D.	Deer's Head	Center, Salisbur	ry, MD 21801
	230. BURIAL, CREMATION, REMOVAL BURIAL	12/20/01	hester Cemetery	CITY OF TOWN	wn, Md.

Chestertown, Md.

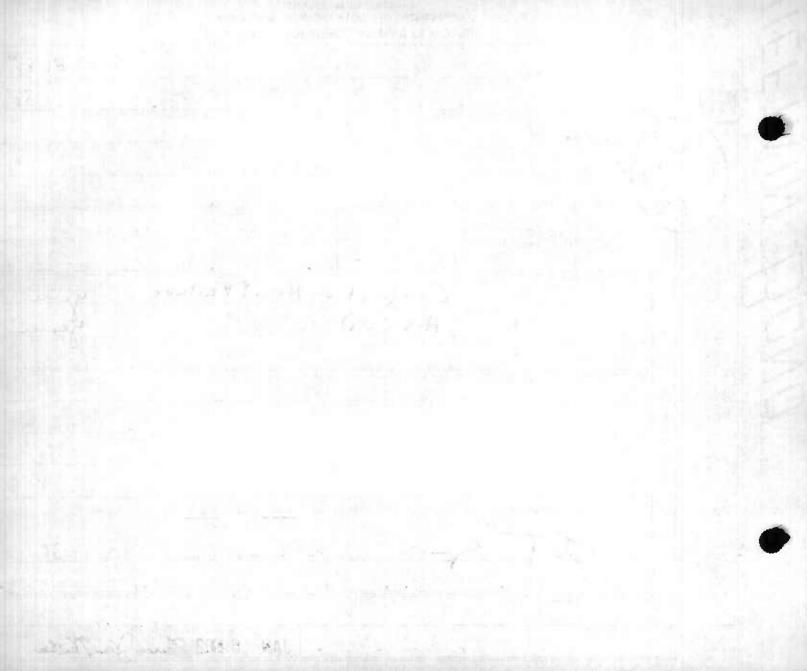
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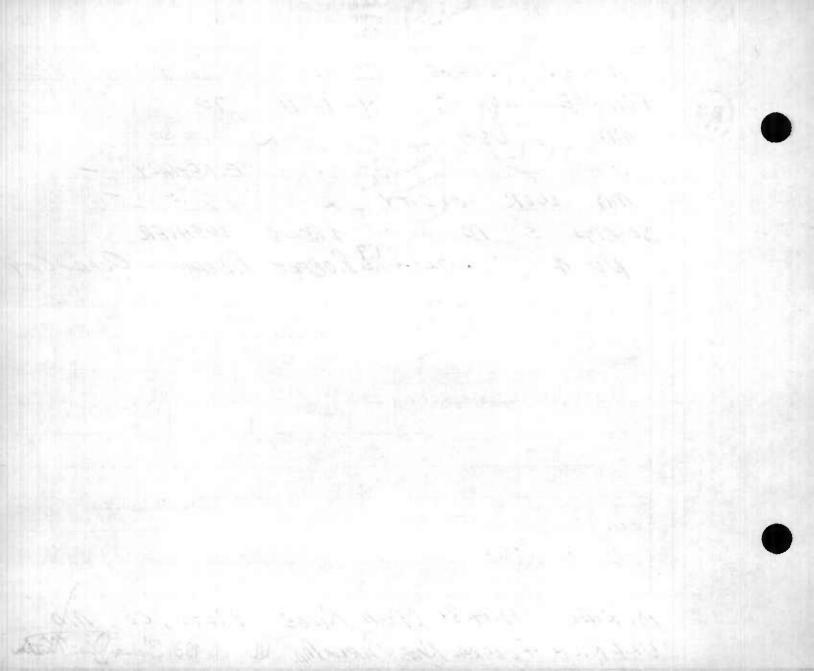
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, BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS R. GIVE PAGES 1, 2, AND 3 TO THE F WITH FORM PM 3. RETAIN PAGE IT. PAGES 1 AND 2. SHOULD BE FILED. DIVISION OFWITAL RECORDS, 201 V		alisbu		Penin	sula Ger	eral H	Hospital		sewife		ON 11 10 001	
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 STHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURAL. "FRANSIT FERMIT. PAGES 1 AND 2.3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF WITAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	TERMINAL DISEASE	OR CONDITION GIVEN IN	PART I (a).				TEXT (
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SIO SHO PAR RIO	MEDICAL	21d INTILIPY	NG CAUSE OF		A. 3 OF INJURY (AT HO		ATION					
S CE REDE	A A	WHILE	NOT WHILE C		TORY, FARM, ETC.)		REET		CITY OR TOWN	COL	UNTY	STATE
WA WA		AT WORK	AT WORK									
A PASSING STAN		22a I certi	fy that I took charg	ge of the remains de	scribed above, held	on Autops	y, Inspec	tion X.	Inquiry X,	ond in my op	oinion	
SHECK SHECK		death result	ed fram	ral couses 🚨.	Accident,	Suicide	Homicide L	Undeter	mined manner			
S S S S S S S S S S S S S S S S S S S		ACTUAL	15	116	1		TITLE (SPECIFY)			DATE	12/31	104
SHOW THE SHO		SIGNATURE	20-	1	Y-	M.	Deputy	MEDIC	AL EXAMINER	SIGNE	D 12/3	/81
W DE CONTRACTOR	4	EXAMINER'S	NAME Ear	1 L. Ro	yer, M.D		ADDRESS 40	9 Cam	den AVe	Sa	lichur	5M V
SAFTE SALL	770 5	(TYPE OR PRI	TION, REMOVAL 1			F CEMETERY OF	ADDRESS			. , ba	LIDVUL	1 / 10
	. (arial	HOIN, REMOVAL	1/2/82				23d. LOC CITY OR		COUP		TATE
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DHMH - 17 (VR A15 ME (5))				AL HOME	Salish	urv. N	id. JA		982 The	0.	W.Th.	
(VR A15 ME (5))			- 32:		,	2 / -	UA	T U K	NE CYM	mas >	and without	~



3			1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	rGIENE 8 1	3 . o.	3 4	3 4
-	1			CEASED NAME ESTA	er Lee	Par	SONS ERIPTH	December		981	26 HOUR 4 / 2 M
(P	A)		J. 3E	Female	White	JUN	e. 28 1923	58	YRS		HOURS MIN.
death. Pa	uneral nin 72 or ance.	35		COUNTRY)	76 CITIZEN OF WHAT COUNTS	WIDOWE		WICOMII	co	DEATH	MD
urs after (filed with	20	5	TY OR TOWN OF DEATH Salisbury	Peninsula	ënëra]		120 USUAL OCCUPATION OF COMMON OF CO	OF MORKING LIFE!	126 KIND OF INDUSTRY	BUSINESSOR
in 24 hou	should be	5	130 5	AL RESIDENCE I IF NURSING HOMSON TATE MA 130, GOUN	cester Ber		13d. INSIDE CITY LIMITS?	Ocean D	owns 1	Pd, R.	F. P. 4
oted with	ampletel l and 2 s	30	W	THER'S NAME	esley Marsh	all.	15. MOTHER'S MAIDEN N	MIDDLE	Qu	1// LAST	1
pe execu	rs. Pages	2		/AS DECEASED EVER IN U.S. AR ES NO OR ENKNOWN) 1 IF YES, GIV	MED FORCES? 166. SOCIAL SI E WAR OR DATES) 2 1424	18103	Roland L, F	arsons Rt	4, Box 3	381 B	erlink
ertificate	g physic sanpape remaval.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per line far (a), (b), D BY: E CAUSE (a) Metasti		incinoma	of rectum	with	BETWEEN OF	NSET AND DEATH
death c	attendin lave cark bitan, ar roumatic			Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	PECL	eritaneal Co		sis +	1 1 1	10.
that the	d by the lease rem al, cremi ar ather t			cause (0), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF					
equires	Then pl r ta bur injury, a		NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
The law rion.	it permit.	2	CERTIFICATION	190 DATE OF OPERATION			was performed rucken	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	GS USED OF DEATH? NO
SICIAN:	rial-transi ental Hygi frem 18 sh	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	ORPART 2)	
offendir	fter this as the bu th and M.		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFE		21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
spital ar	CTOR: A lfor use of of Health	1		22a.1 certify that (1) (this haspi saw the deceased alive on abave, (1) (we) (did) (did na		N.	/6 , 19 <u>8/</u> d that in (my) (aur) opinia	n death accurred on the de			hat (I) (we) last auses stated
y the ho	RAL DIRE detached tate Dept LT: If Hen			176. SIGNATURE	P. Ladler	/ 2	ATTENDING PHYSICIAN	MEDICAL STAI		12/16	IGNED
	should be with the Si			William P.	Sadler		S. Division S	to PowerSt	Salist	bury,	Md.
₽ º BP_	- 0 2 5		(URIAL, CREMATION, REMOVAL BUTIA	12/12/81 7	aylorvi	METERY OR CREMATORY	ry Berlin	Worce	ster	Md.
	6 50M 1/81 A 15, 4)		24 FL	NAME A	Burbases	erlin.	Md, 25a D.	AU REC'D. BY REGISTRAR	25b. REGISTRAR	SCNATU	Mass.

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(*	1-	FOR STATE STATE CERTIFICATE OF DEATH	5 5 9 5
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- C		EASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH	DAY YEAR 2b HOU
P P P P P P P P P P P P P P P P P P P	(TYPE	PELEN IRENE PASSANO DECEMBER 9, 1	1981 32
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e 65		PEMPLE WHITE 9-1-11 70 YRS	
å t	70. BI	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	IY OF DEATH
op 3 2) 10 CI	WICOMICO IY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	125 KIND OF BUSINE
by #		alisbury Peninsula General Hospital Telefolder	LIFE) INDUSTRY
hau hau		L RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
filled nauld	130.	13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS TO STR	ST.
E STORY	14. FA	THER'S NAME FIRST MIDDLE LASS LASS LASS MOTHER'S MAIDEN NAME	LAST
D G XX	-	SOSEPH S. PASSAND IRENE WEAVER	
Pages 1		(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITING 17 INFORMANT ADDRESS ES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)	10
rs. P		NO & DIJESTONO NOISET PREGINO-	APPROXIMATE INTER
physic physic maval.		18. CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (cs) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), CAUGE	APPROXIMATE INTER BETWEEN ONSET AND
ding orboi		1579 DUE TO, OR AS A CONSEQUENCE OF	11
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the the remo		gove rise to immediate cause Io), stating the underlying cause last.	
s tha		(a) Carchona & Lanchan	1 GROW
sign sign hen p to bu	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	NEN IN PART 10
been been prior	CERTIFICATION	190. DATE OF OPERATION 180 CONDITION FOR WHICH OFFERATION WAS PERFORMED 1200 AUTOPSY? 1200. IF Y	ES, WERE FINDINGS USED
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AN: Ohysic ficate ficate from 1 Hyge 18 sl		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	PART 1 OR PART 2)
PHYSICIAN: ending phys this certifica te burial-tron ad Mental Hy d ar Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
G PHY orthis ond M ked or	ME	WHILE NOT WHILE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY
DIN Or Or Olth		220.1 certify that (1) (this haspital) attended the deceased from 11. 19. 21. to 12. 9	19 El tho KILLY
ATTEN spital CTOR. of Her us of He		aw the deceased alive eq. 12. 8 19 and that in (my) (gur) apinion death accurred on the date and he	0.
RE hecept		MIN SIGNATURE DEGREE	22c. DATE SIGNED
TAL O y the RAL D detac tate Du		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1598
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT: If		222 ADDRESS 220 ADDRESS	
Shoul with I			
BP	73a. B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION	- COUNTY MAST
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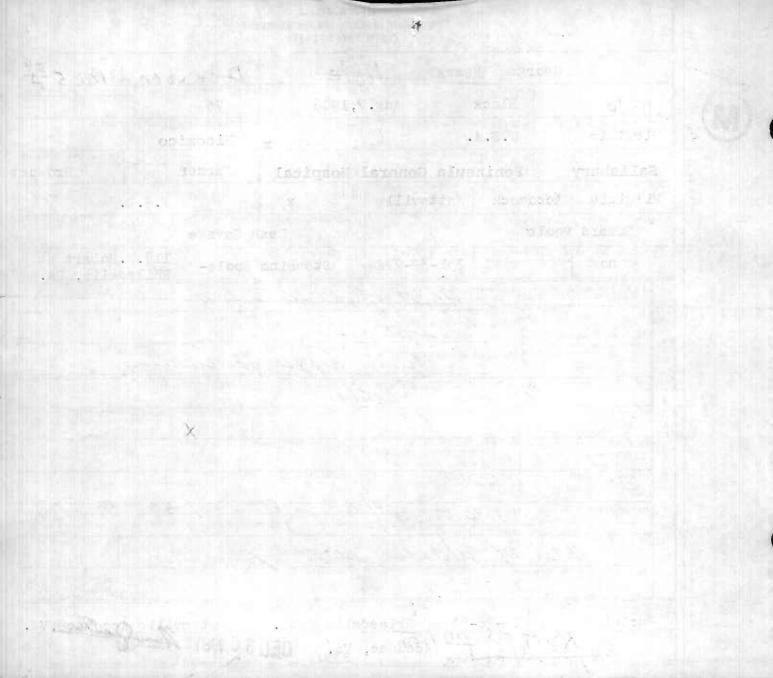
HOLLOWAY FUNERAL HOME, Salisbury, Md.

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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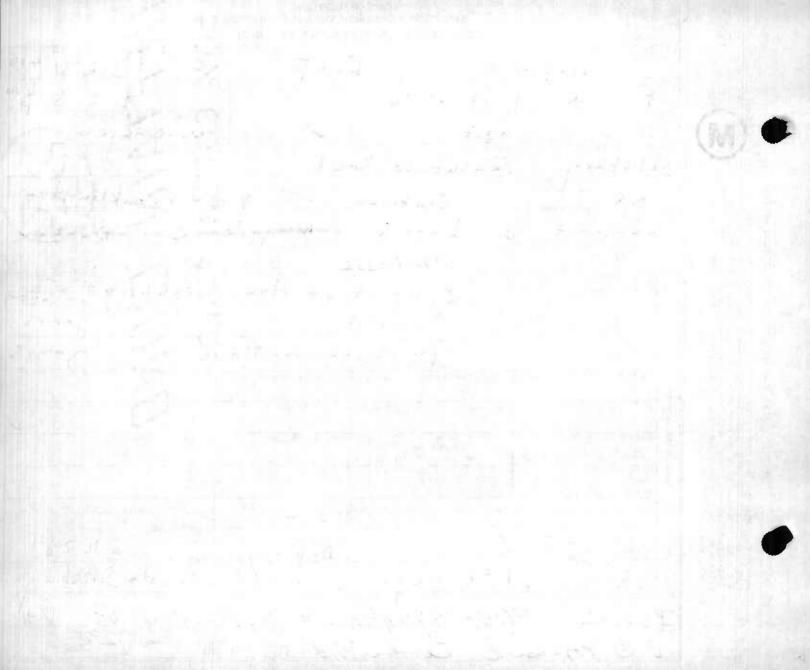
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	-		tem (a 1) and for state		DEPARTMENT OF		MENTAL HYGIE		3 3 4 4 0
	6		REGISTRAR CEASED NAME , FIR:		MIDDLE	IER'S CERT	IFICATE OF DEA	REG. IN	
	20 0 2 E		E OR PRINT)	dinia	WIDDLE	Ras	F	OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
	PLEA FILE STREE	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	EARS IF UNDER 1		26. DATE PRONOUNCED	MONTH DAY YEAR 24 HOUR
1	ON SURE	70 B	RTHPLACE (STATE OR	7b. CITIZEN OF W		RS.	Mark.	DEAD	OR COUNTY OF DEATH
3	雅國 为	FIFE	REIGN COUNTRY) /irginia	uch	-	WIDOWED W	DIVORCED	Wice	
		fi c	TY OR TOWN OF DEATH		SPITAL, NURSING HOM	E, OR OTHER INS	TITUTION 120. US	UAL OCCUPATION (TYPE MOST OF WORKING LIFE)	
_	SON PORT) U90/	AL RESIDENCE (IF IN NURSING A		TINSULZ GIVE RESIDENCE BEFORE ADMISS				
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WD.	PW 3	14. E	THER'S NAME FIRST LEWICENCE	MIDDLE	LAST	15 .1	Margaret	E. Pietce	10 V
MORE	N S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASED EVER IN U.S	- W.	166. SOCIAL SECURIT	IY NO. 17. IN	FORMANT	ADDRESS	S
BALTIMORE	HRS AFTI L GIVE WITH R MITH R DIVISIO		10			552	Harold Roof	, Whitehave	
ST.,	NEW PARTY	1	PART I DEATH WAS CA		ne for (o), (b), ond (c).)	11.47	e Henr	+ Fail	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
PRESTON	THIN 24 IN ITEM ALER ALON AND AL HYGE REMOVA		4292		R AS A CONSEQUENCE				4.48
W. PRE	WITHI MINER TRANS INTAL F	-	Conditions, if ony, w gave rise to immed couse (o) stoting the un	diote (b)	ASCI	30			1
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DIVISION OF VITAL RECORDS, 201	D BE EXECUTE ENDING" IN MEDICAL EX AS A BURIAL EALTH AND CREMATION	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	H DUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IOITION GIVEN IN PART 1 (a).		
REC		CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION WAS PER	RFORMED?		20 AUTOPSY?
VITA	SHOUL CHIEF CHIEF BE USED AT OF HI	RTIFIC		S AN THIS C				137.65	YES NO D
NON	ERTIFICATE SHOUL TING THE WORD "FI ED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS	HOUR A.A	M. MONTH DAY YEA		JURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
VISIO	S CERTIF RITING RDED TO SE 3 SHC TE DEPAR	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATIO	N	CITY OR TOWN	COUNTY STATE
٥	WARD WARD PAGE TATE D	<	AT WORK AT WORK						
	MINER: BE FOR ECTOR: TH THE Y			charge of the remains de		Autopsy Luicide L	Inspection Under	Inquiry . attermined manner .	and in my opinian
0	\$89€ <u>₹</u> ₹		0	7./	Accident [1], Si		TLE (SPECIFY)	terminea manner,	DATE 12-7-81
	CAL EXA THE CER SHOULD FRAL DIR SATH, WI		SKINATURE	11	. 0	M.D.D	= Kray- WEL	DICAL EXAMINER	DATE SIGNED
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	2v)	L Kaya	ADDRE	409/C.	endant	the Jalisbury
		23a.B	URIAL, CREMATION, REMOV	AL 236. DATE	23c. NAME OF CE	METERY OR CREA	MATORY 23d. LC	OCATION ORTOWN	COUNTY STATE
360	7BP	24	UNERAL DIRECTOR	17/0/8	HKLING	TON IV	250. DATE REC'D. B	V.A	BIRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5)) 15M 2/80		C. & m.	East APDRES	Derola	v. Me	PEC10	1981	a familiation



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DHMH - 16 50M 1/81 (VRA 15, 4)

1	FOR STATE REGISTRAR			DEPART	MENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	3	3 4	
	PE OR PRINT	Euni	Lce	Coston	212	Ruff		MONTH	DAY YEAR	26 HOUR
3 5	Female		4. RACE Blac	k	S. DATE O	t. 30,1915	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 P
3	BIRTHPLACE ISTATE OF	a		S.A.	8 MARRIE WIDOW	D NEVER MARRIED DIORCED	BALTIMORE CITY OF WICOMI	R COUNT	Y OF DEATH	
0	Salisbur	У	Peni	nsula Ge	nera	or other institution 1 Hospital	(TYPE OF WORK FOR MOST C Retired		IZE KIND O INDUSTRY Sch	r Business Teach
J 130	STATVA.	ACCC	mack	ON GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Hal	1 Stree	t
1/	FATHER'S NAME FIRS Luci	us Co	ston	LAST		15 MOTHER'S MAIDEN NA	nnie MIDDLE ?		LAST	
	IYES, NO OR UNKNOWN)		MED FORCES E WAR OR DATES					, Va.23301		
CERTIFICATION	10	SNIFICANT C	ONDITIONS	on keto.	DEATH BUT	NOT RELATED TO THE TERM Kuperyloyu N WAS PERFORMED	20a AUTOPSY?	20b IF YES	S, WERE FINDIN	GS USED OF DEATH?
MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING THE UNTIFY MED 21d INJURY OCCUP	CAUSE OF DEA	HOUR	OF INJURY A.M. MONTH DA P.M. CE OF INJURY	19	211. LOCATION		RY IN ITEM 18 P	De-2011	ио 🗆
W	22a I certify that (I sow the deceo above. (I) we) 22b. SIGN TURE) (this hospit	ol) ottended		11-1	7 19 Some of the time of time of the time of time of the time of the time of t	MEDICAL STAI	ote and hou	22c. DATE S	
1	224 PHYSICIAN'S N	IAME TYPE OF	R PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN []	1/2	0

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DHMH - 16 50M 1/B1 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		3 3 4 4 2
		CEASED NAME FIRST	WIDDLE	LASI	REG. NO. 20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	(TYPE	CHAR.	CES I	SCHANFELTER	12	27 81 139
	3. SE.		4. RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	A A M
		MALE	cauc	MONTH DAY YEAR OS	76	MONTHS DATS HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	UNTY OF DEATH
C	2	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) The ral Hospital	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOMEOR STATE	SET PRINCES	S AND TES NO NO	IN STREET DODRESS	
0	14 FA	CHARLES H	MIDDLES CHANFELTER	15 MOTHER'S MAIDEN NA ORTOLE	ME BECKER ^{MIDDLE}	LAST
2	16a V	WAS DECEASED EVER IN U.S. AR YES NO DEUNKNOWN) (# YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 212-10-		ADDRESS CHANFELTER	PRINCESS ANNE MD. R.F.D.
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR ANA CONSEQUE (b) DUE TO, OR AN ACONSEQUE (c)	thy and		DAYS WEINER NASE INTERVAL BETWEEN NASE AND DEATH WUNS DAYS WAS N GIVEN IN PART 1101
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	MEDICAL CER		P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, F	19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN III) CITY OR TOWN	COUNTY STATE
		saw the discosed alive on, above. The Cold Said no. 27b. SIGNATURE WWW. 27d. PHYSICIAN'S NAME (IVPE O.) W. W.	lee Un - Gum	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	23a. 8	BURIAL, CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CREMATORY BURY CEMETERY	23d LOCATION MT. VERNON,	MD COUNTY STATE
	24 FU	UNERAL DIRECTOR WILSON FUNER			E REC'D. BY REGISTRAR 356 40	

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		Person				.0	

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

- STATE

, and that in (my) (our) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126. KIND OF BUSINESS OR

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STATE

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DAYS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I. DECEASED NAME MONTH (TYPE OR PRINT) HENRY 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) In BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED [NAME OF TOWN, OF DEATH 12b. KIND OF BUSINESS OR CURO SURGEO, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS TNOIAN 15 MOTHER'S MAIDEN NAME (YES, HO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for io), (b), and PART I. DEATH WAS CAUSED BY NCREAS IMMEDIATE CAUSE (a 6 Months Conditions, if ony, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES NO T 21b. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. He 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (the hospital) ottended the deceased from sow the deceased alive on NOV 300 obove. (I) (and (did not) view the body after death 21 and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF * FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY ION REMOVAL 23b. DATE DHMH - 16 60M 1/75 (VR A 15 (4))

BEST ASAMA S. B. BANKET DOWN A CO. LONG. All Marine 1881 6 July

December 20, 1961 Thing is the leaf to the contact as Million J. L. J. Stranker 28 A PARTY ARE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires, should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

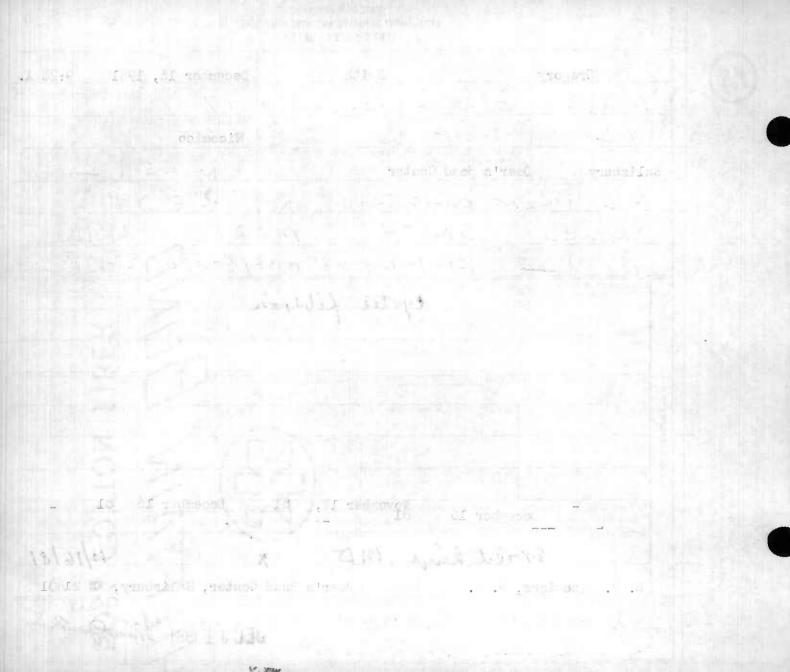
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examiner must be notified of and

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO	J J +.	4 3
	1 DECEASED NAME FIRST	MIUDIE	LAST		MONTH DAY YEAR	26 HOUR
	Gregory	Sm	ith	December 1	6. 1981	9:28 Am
	MAIE		OF BIRTH ITH DAY YEAR	6 AGE (IN YEARS LAST BIRTH		R IF UNDER 24 HRS
5	OUNTRY	WIDOV		9 BALTIMORE CITY OR Wicomico	COUNTY OF DEATH	MD.
	Salisbury	IT NAME OF HOSPITAL, NURSING HOME FROT IN SUCH FACILITY, GIVE STREET ADDRESS) Deer's Head Center	OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
5	130 STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION VITY 131. CITY OR TOWN CMESTER TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	O#3	
	14 FATHER'S NAME FIRST PARES	MIDDLE SMIST PH	15 MOTHER'S MAIDEN NAM	AE MIDDLE	1-101	BEN
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 219-14-925	MRS.MAR	1 Smi74	chestez	表記以
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART I	(0
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
				ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE
	saw the deceased alive an above, (Howe) (did) (did ac	tol) attended the decrosed from NOVEM ecember 16 19 19	ond that in (my) (our) opinion d	, to Decembe:		, that (IT (we) last causes stated
	226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE O	Rothings, K	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		16/8/
	E. P. Ritching		Deer's Head		isbury, MD	21801
	230 BURIAL CREMATION, REMOVAL	12-19-31 EM	CEMETERY OR CREMATORY	23d LOCATION COLVES (E	Alovi KE	The same
	24 FUNERAL DIRECTOR	DEL CLADORESS EZ	70 L- 1 250. DAIS	FO B BEING	5b. R	TURE



	FOR STATE REGISTRAR CEASED NAME FIRST		OF HEALTH AND MENTAL HYGII RTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOL
	Jam Jam	es —	Smith	December	8, 1981 10
3 SE	Male	White 15.0	ATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS
46	COUNTRY)	U. S.A. IWID	RRIED NEVER MARRIED OWED DIVORCED	Wicomico	TY OF DEATH
80	ITY OR TOWN OF DEATH Salisbury	PENINSULA WE GENES	ral Hospital	120 USUAL OCCUPATION (1705 OF WORK FOR MOST OF WORKING) FORMER - APOP	126 KIND OF BUSIN INDUSTRY A HOYICU
35 130	Md Wor	other institution give residence before admiss TY 13 GITY OR TOWN Cester Berlin	YES NO	30 STREET ADDRESS Cedar Lan	R.F.D.
30	Mac	Smith	15 MOTHER'S MAIDEN NAMI	MIDDLE	Jones
C aed	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY N WAR OR DATES) 220-28-03	328 Daisey M. Sn	ith Rt3, Box 7	47 Berlin
event, the	PART I DE ATH WAS CAUSED	y one couse per line for (a), (b), and (c) BBY: CAUSE (a) O ROSM VU	tory Amest		APPROXIMATE ATE BETWEEN ONSET AND
omotio of	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	ma of Bronch	ius E ITus	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (MOTORFORE	s to Maelias	m
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	LALDISEASE OR CONDITION G	W- DTSE
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USE IFYING CAUSES OF DEA' 'ES NO [
	?)q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCURRE 19	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, FARM, ETG	211. LOCATION STREET	CITY OR TOWN	COUNTY
WE	22a.t certify that (1) (this haspite sow the deceased alive on above, (1) (we) (did) (did gat	12/8 10 87.	ond that in (my) (our) opinion de	oth occurred on the date and ha	ur and from the causes st
	22b. SIGNATURE	NA CONTRACTOR OF THE CONTRACTO	DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	12 9 1 87
	22d. PHYSICIAN'S NAME TYPE OR	PRINT)	27e ADDRESS 614 SAC	C EASTERN LISBURY. M.	
		Tan DATE 122, NIAME	OF CEMETERY OR CREMATORY	23d LOCATION	
23a E	SURIAL, CREMATION, REMOVAL	236. DATE 236. NAME (side Cemeteru	3 CITY OF TOWN	count +

Mile Thirte May 12 Townson Salishory Peninsula Comprel Compient of Friends April 1998 March Committee and the second of the committee of the co Beller Jakes State Committee to the Committee of the State of the Stat

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10	1-	STATE REGISTRAR				XAMINE				-	ш	REG. NO.			
-		CEASED NAME	FIRST	11.00	MIDDLE			LAST		20	DATE KNO	DWN X M	ONTH DAY	YEAR	26 HOUR
OR YOUR FILES. INTHIN 72. HOURS PRESTON STREET,	(146	E OR PRINT)	RU'l	TT			SM	ITH		1	OF ES	TI	2-23-	81 7	:55,
28	3. SE)	4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS		DER 1 YR.	IF UNDER 2	24 HRS. 2		MC	NTH DAY	YEAR	2d HOUR
	F	emale	AA	6 11	26	55 YRS.	MONTH	DAYS	Hours	MIN. PI	DEAD	12-	23-81	19 7:	55P,
コム		RTHPLACE (STAT	EOR/	76. CITIZEN OF W	HAT COUNT	RY? 8.	MARRIE	D D NEV	VER MARRIE	· D []	BALTIMORE	CITY OR C	OUNTY OF	DEATH	
2		1/10	edterre	M.	3. A.	,	MDOW		DIVORCE		W:	icomi	co		MD.
10	200	TY OR TOWN O	The state of the s	11. NAME OF HOS	PITAL, NUR	SING HOME, (OR OTHE	RINSTITUT	TION		L OCCUPATI		VORK 12b. K1	IND OF BUS	
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25	130. S	TATE	T3b COUNT	ROTHER INSTITUTION, G	13c. CITY	EFORE ADMISSION OR TOWN		13d INSIDE CH	PT LIMITS?	13e STREE	IADDRESS	/			
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	160 V	IS, NO, OR UNKNOW	EVER IN U.S. ARA	VAR OR DATES)		-20-43		17. INFORM	AZOO.	.1	~ and	DDRESS	1		
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		18 CAUSE OF I PART I DEA	DEATH (Enter only TH WAS CAUSED	y one couse per line BY:	for (a), (b),	ond (c).)	of.	Diah.	+ T	200			BETY	PPROXIMATE I WEEN ONSET	NTERVAL AND DEATH
		11,0		E CAUSE (a)			OT.	urgn	U LUI	15			У	ears	
MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions	if ony, which	DUE TO, OR	AS A CONS	EQUENCE OF									
X X		gave rise	to immediate ating the under-	(b)											
,		lying cause		DUE TO, OR	AS A CONS	EQUENCE OF									
)		BART 2 OTHER CICH	ITICANT CONDITIONS	(c)	But hav bridge										
	2	PART 2 UTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUI NUI RELATE	O TO THE TERMINA	T DIZEASE	OR CONDITION	GIVEN IN PART	T l io					
-	ATIC	19a. DATE OF O	PERATION	19h CONDI	TION FOR W	HICH OPERAT	ION WA	AS PERFORA	MED?			_	20 /	AUTOPSY?	
2	TIFIC													YES 🗆	NO X
7	CERTIFICATION	21a. EXTERNAL		21b. TIME OI		DAY VEAR	21c. HO	W INJURY	OCCURRED	(ENTER NA	TURE OF INJURY I	N ITEM 18 PART 1			
		UNDERLYING CONTRIBUTING	OR CAUSE OF D		1. MONTH 1 1.	DAY YEAR									
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE		(AT HOME,	21f LOC	ATION							
	E		NOT WHILE C	SIREEL, PAC	ONT, PARM, ETC)	51	RLE!			CITY OR TOWN		COUNTY		STATE
		22a certify	that I took charge	of the remains des	cribed above	e held on	Autops	, П	Inspection	X	Inquiry X	and in	my apinion		
		deoth resulted	^	ol causes X	Accident [, Suici		Homici		-	mined manne		ту артал		
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1	1	EXAMINER'S NA (TYPE OR PRINT	AME Earl	L. Roy	er, M	1.D.		DDRESS_	109 0	amde	en Ave	S	alisb	ury.	Md.
2	230.B	JRIAL, CREMATIC	ON, REMOVAL 23	b. DATE	23c. N/	AME OF CEME				23d. LOC			COUNTY	STA	
	(3	Bun	al.	12-28-81	Hu	un Acu	ra y	nen.	Yark	Sal	Abeu	. le	lico	The	melan
		INERAL DIRECTO		ADDRESS		Liverice	Dr	. 1			EGISTRAR 0	& REGISTRA			1
		Russell	LFooks	, Salis	bury,	Md.	2180	1	DEC 2	9 19	OI A	aure of	anllos	C. C. C.	

FOR

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should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

IMPORTANT: If them 21 is marked or them 18 shows any

injury, or other troumatic event, the

and completely filled in by

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	NO.			
	CEASED NAME OR PRINT)	Della		Mae	l.	SNEAD -		December		981 YEAR	8:27	P
	FEMALE		4 RACE BLACK		5. DATE C	DAY .	YEAR 95	6 AGE (IN YEARS LAST		IF UNDER TYEA		
_	RTHPLACE (STATE OF COUNTRY)		76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARR	SIED -	BALTIMORE CITY Wicom		TY OF DEATH	,	MD.
10. C	alisbury	ATH	Deer	HS Meader	Center	OR OTHER INSTITUT	ION	120 USUAL OCCUPA (14PE OF WORK FOR MOS		LIFE) INDUSTR	OF BUSINESS C	The same of the sa
13a_3 MA1	AL RESIDENCE (IF NUI STATE RYLAND	136 COUN	TY	GIVE RESIDENCE BEFO 13c. CITY OR TO	WN		□X	13e. STREET ADDRES.				
J	ATHER'S NAME FIRST		A.	DESHIEL		15. MOTHER'S MA FIRST MARY		WIDDLE		J0	NES	
	VAS DECEASED EVEI YES, NO OR UNKNOWN) NO		MED FORCES?	220-09		THELMA T	ANNER			.#2, Ov , MARYL		
FICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH							NAL DISEASE OR CO	20b 1F Y	ES, WERE FIND TIFYING CAUSE	INGS USED	
MEDICAL CERTIFICATION	220-1 certify that (I	CAUSE OF DEAT	P./ 21s. PLACE ((AT HOME, STR	M. MONTH [M. OF INJURY EET, FACTORY, OFFICE,	FARM ETC.)	21c. HOW INJURY 21t. LOCATION STREET , 19		PES NO DE CITY OR	JURY IN ITEM 18	YES B PART OR PART 2} COUNTY	NO STATE	ost
	sow the deceo obove, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	did) (did not	24Ri	ofter death.		DEGREE	DING	MEDICAL ST DIRECTOR PHYS	AFF		SIGNED	_
77 ~			tchings			Deer's I		Center, S	alisbu	ry, Md.	21801	
(SPECIFY) BURIA		12-5-8	31 E	LZEY U	M. CEMET	ERY	JESTERSV	ILLE	WICOMI	CO MD.	
	INERAL DIRECTOR NAME LEY MEMOR	IAL CH	HAPEL		t.#2, LISBUR	Jersey Ro Y, MD.	250DEC	1981	PHI REGIS	STRANGINA	Mathen	•

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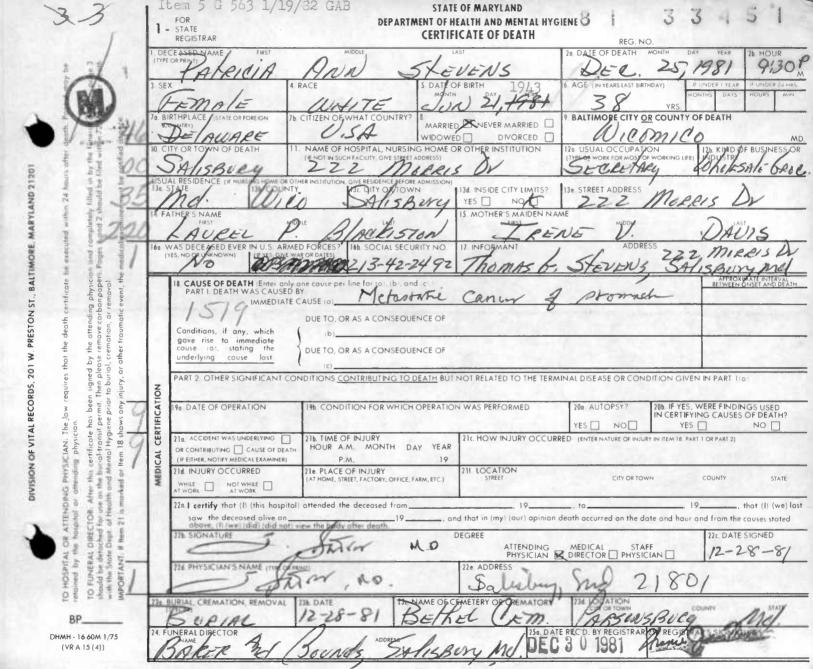
TO HOSPITAL OR ATTENDING PHYSICIAN: The

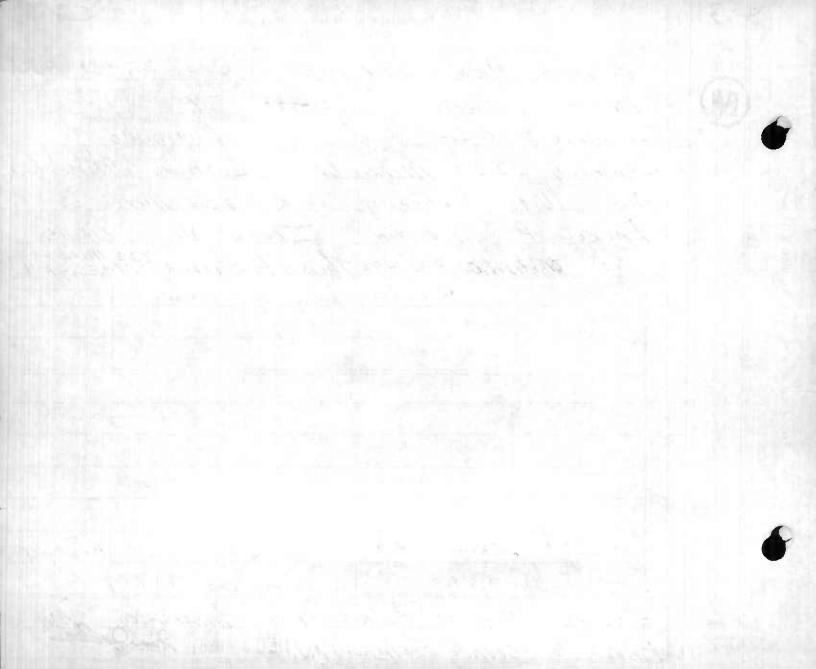
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.		38.00
. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	LAST	Tu. Dille Or Denin	MONTH DA		26 HOUR
Franklin	n	R. St	cong, Sr.	December 29	, 1981		8 TK.
I. SEX	4 RACE			6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
Male	White	June :	15, XXXXX 1919	62	YRS.		Mile.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF WICOMICO	R COUNTY C	F DEATH	
CITY OR TOWN OF DEATH Salisbury	(IF NOT IN SUC	HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	F BUSINESS OF
130. STATE 136 COU	NTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Elkton	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS P. O. Box	184		
4 FATHER'S NAME	MIDDLE	LAST				241	7
Harry	•			Middle		Smi	
		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	55		
		215-16-9024	Mrs. Sharon	Jones, Elk	ton. Mo	1.	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, IN CERTIFY!	WERE FINDIN	IGS USED OF DEATH?
	ATH HOUR A.	M. MONTH DAY YEAR M. 19					NO [
WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
sow the deceased alive or	Decembe	r 29. 19 01	nd that in (my) (our) opinion		ote and hour o	22c. DATE	
The state of the s	TYPE OR PRINT) I. SEX Male G. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland G. CITY OR TOWN OF DEATH Salisbury JSUAL RESIDENCE (IF NURSING HOLDER 130. STATE MD 21921 G. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTIO	Tranklin SEX Male Mhite BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland COLITY OR TOWN OF DEATH Salisbury JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE HARRY MD 21921 Cecil 4 FATHER'S NAME FIRST MIDDLE HARRY 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) Yes 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stotling the underlying couse lost. CCONDITIONS COUNTRY PART 2 OTHER SIGNIFICANT CONDITIONS CO 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING COUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE ATWORK 270 I certify that (I) (HITE HOSPING) ottended th sow the deceased alive an Decembe above, (Mey) (did)	Tranklin R. Sti SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland COUNTRY) Maryland COUNTRY Maryland COUNTRY MARKIE MIDOW COUNTRY Salisbury Deer's Head Centers SOLAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) A FATHER'S NAME FIRST Harry MD 21921 Cecil A FATHER'S NAME FIRST MIDDLE HARRY MW2 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) CONDITIONS COUNTRY DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 210. To certify that (i) (this thorse of) ottended the deceased from May sow the deceased olive on December 29, 19 210. To certify that (i) (this thorse of) ottended the deceased from doove, (If we) (did) (Imms) view the body oliver death.	Strong S	SEX	SEX S. DATE OF BRTH S. D	SEX SEX

HICKS HOME for FUNERALS, E

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mitted Times II, 0216 (eq.) undersome the mind describe the collection, and a six Miles Stone Hanney ATTEL - STRONG - YATEN 42 215-14-9024 Nr. Haron Jones, . 1814. 3d. T THE SECTION OF THE ide to the control of the and the · cold a . A cold Principles 12/11/81 Cratte and tertly the atory, but Theaten, ord.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN (TYPE OR PRINT) William Henry Sykes DEATH MATED 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE AS GTHDAY Male lac PRONOUNCED 04,.81 DEAD 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Va. U.S.A WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Home 731 West FOR MOST OF WORKING LIFE! OR INDUSTRY Balisbury Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Salisbury 13d. INSIDE CITY LIMITS? 731 West Road Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rosie MIDDLE Harris Joe Sykes Bob 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Francie White 725 Riverside Dr. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSE AND DEATH PART I DEATH WAS CAUSED BY OccIusion PLONDA walden IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id USED AS A B CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED DEPARTMENT OF HE DI PRIOR TO BURIAL 2D AUTOPSY? NO F 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN NOT WHILE COUNTY STATE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALJIMORE, MARYLAN Natural causes Accident Undetermined manner ACTUAL DATE 12-07-81 SIGNATURE EXAMINER'S NAME L. Royer M.D. Camden Avenue Salisbury 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECHY) Burial 12-09-81 Gre en Acre Mem. Pk Salis bury BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REG 51 Russell Fooks 77 **DHMH - 17** (VR A15 ME (5) 15M2/80

Instant too. Interest x 751 and the trans 0.1001 . of the review of the state state of the st Agreed 12-09-71 From our born on 12 The Table March

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V	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 1 3	3 4 5 4
		ECEASED NAME FIRST	MIDDLE A RACE	TU// S DATE OF BIRTH	20. DATE OF DEATH MONTH December 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 4, 1981 IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	,	IRTHPLACE (STATE OR FOREIGN COUNTRY) SEAFORD DET. ITY OR TOWN OF DEATH	WHITE 76. CITIZEN OF WHAT COUNTI U.S.A.	MARRIED LINEVER MARRIED L	Wicomico	Y OF DEATH MD.
ND 21201 24 hours ofter silled in by the hould be filed with the house he hould be the house of the house he had		Salisbury AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	Peninsula OTHER INSTITUTION GIVE RESIDENCE BE ITY (IE NOT INSUCH EACHLITY, GIVE ST PENINSULA (ITY OR TO	General Hospital FORE ADMISSION) OWN (13d INSIDE CITY LIMITS?		126 KIND OF BUSINESS OR INDUSTRY
ompletely for a short	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN PERSON	RATHET.	LAST
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ids, 201 W. PRESTON ST, guires that the death certification by the attending phenomenone control to burial, cremation, or remonitury, or other traumatic ever	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO		RMINAL DISEASE OR CONDITION G	VEN IN PART I/o
N. The low re hysicion. Icote hos been ronsit permit. 1 Hygiene prior	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \) NO \(\text{NO} \)
R ATTENDI hospitol or RECTOR: A hed for use ppt. of Heal tem 21 is m	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this haspet sow the deceased alive on obove, (1) (we) (did) did not 27b. SIGNATURE	THE HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	DAY YEAR 19 211 LOCATION STREET	city or town	COUNTY STATE , 19 , that (I) (we)Jost
TO HOSPITAL retoined by the TO FUNERAL should be deal with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (TYPEO) W/LL/AM B. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	HORNER MD	ATTENDING PHYSICIAN 170 ADDRESS KAY AVE 31. NAME OF CEMETERY OR CREMATOR	SALISBURY ME	12/4/81) 2/801
BP DHMH-16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR NAME NILSON FUNERA	I2/7/I98I L HOME SALI	PARSON CEM. SBURY.MD.	SALISBURY M	D. SIGNATURE

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Seliciony Peninsula Caneral Hospital

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FOR

STATE OF MARYLAND

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				STATE OF MARYLAND	0 1	2 2 4 5 /
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE O 1	
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		KAR	L A.	VOIGT	DECEMBED 1	3 1981 3 18
	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HA
		MALE	WHITE	OCT 20. 1899	82 YR	MONTHS DAYS HOURS MIT
200	7a. B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUN	
53	U	IRGINIA	USA	WIDOWED DIVORCED	Wicomico	
0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
SU	_	alisbury		neral Hospital	SUPERUISO	
		L RESIDENCE (IF NUR ING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	No.
2	MI	RYLAND WOR		IN YES INO		JURSING HOM
-	4. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
30)	FREDRICK	DAZE	T MARGA	RET	MILLER
			RMED FORCES? 166 SOCIAL SECU		ADDRESS	MECER
2		No	577-19	- 8520 MARGUER	TTE / FOCH. I	BERLIN. MA
		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), ar		PIN GERCITY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
4		PART I. DEATH WAS CAUSI	TE CAUSE (o) C'MON	12 Roshifatory	failure	BETWEEN ONSET AND DEAT
		7991	DUE TO, OR AS A CONSEQU	ENICE OF		
- 3		Conditions, if any, which	((b)	ENCE OF		
		gove rise to immediate couse to, stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
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		PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
	NO.					
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
d	TIF				YES NOW INCER	TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
		210 ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	18 PART 1 OR PART 2)
7	CAL	OR CONTRIBUTING CAUSE OF DE	All I	19		
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
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		22a.l certify that (I) (this hosp	ital) attended the deceased from_	12 13 19 87	12/13	
	- 19	saw the deceased alive on	W view the body after death.	and that in (my) (our) apinion of	death occurred on the date and h	our and from the couses stated
		776 SIGNATURE	Vinon	DEGREE	-/	THE DATE SIGNED
		1	Boy	ATTENDING PHYSICIAN	MEDICAL STAFF	12/13/27
1		274 PHYSICIAN'S NAME ITHE	Francis	22e ADDRESS	C PLIPA CIDO	0 1 7 01
		N-SAGG	AR	347-8	estiching on	10-31801
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74	1	REMOTEDAL	12-14 01 }		CITY OR TOWN	COUNTY
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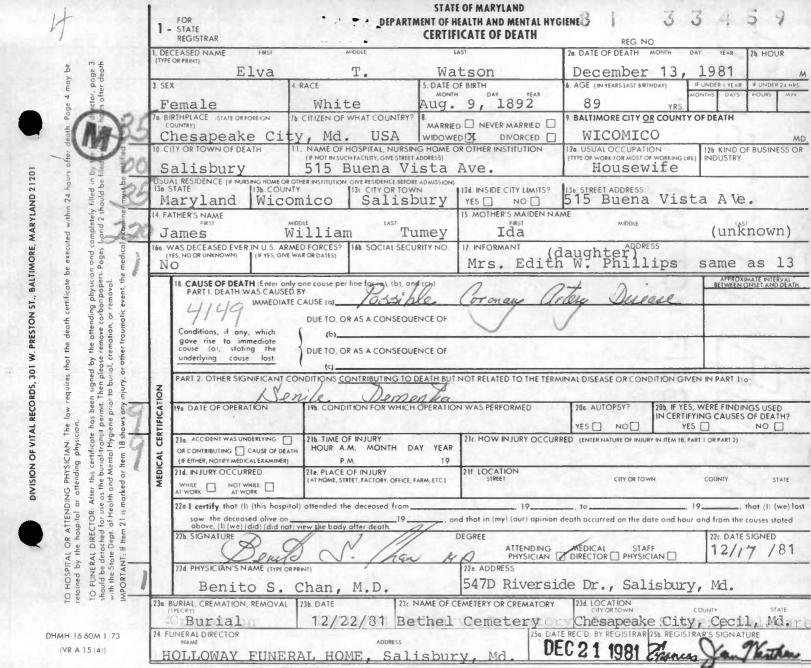
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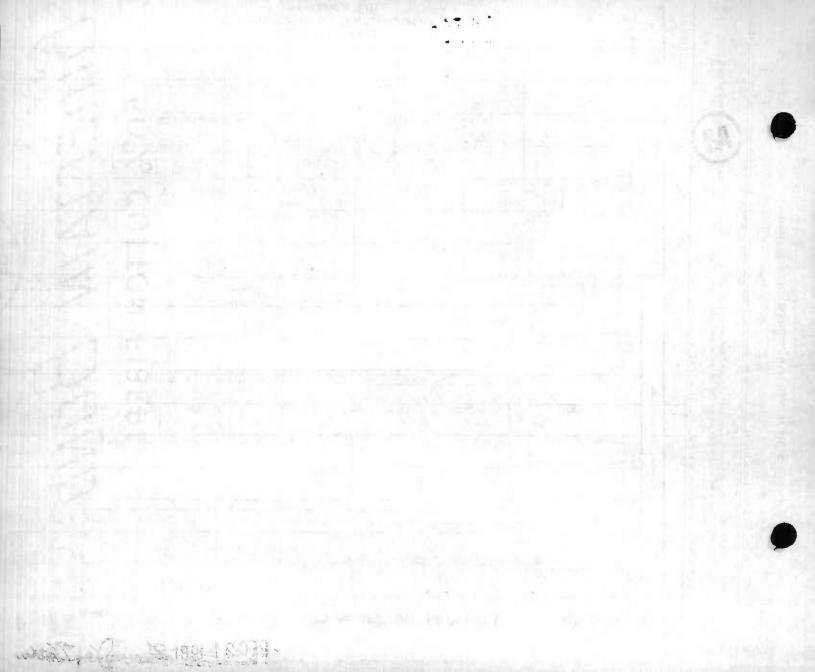
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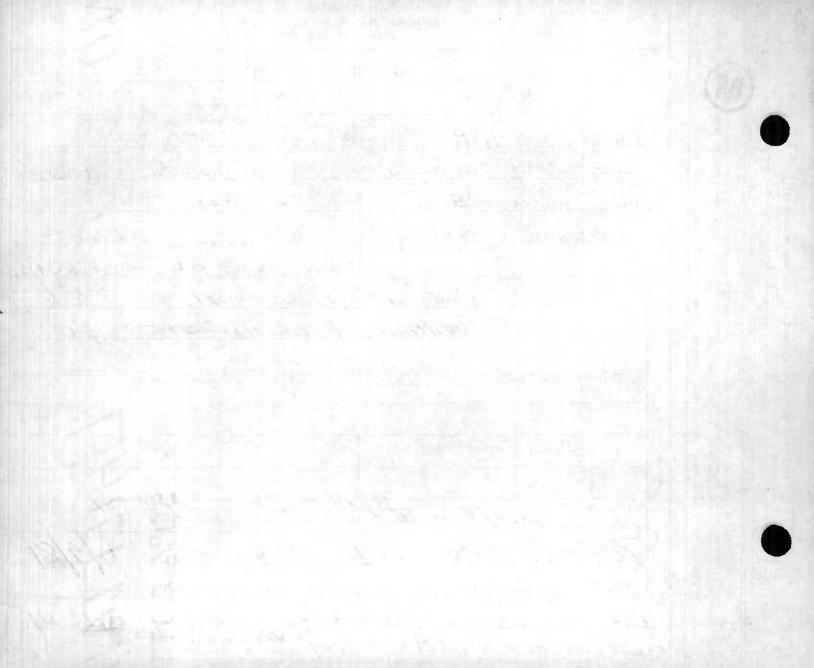
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) ESTI-CHARLES N. DEATH MATED WHEATLEY 4. RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE Mala White YEAR LAST BIRTHDAY PRONOUNCED B. GIVE PAGES 1, 2, AND 3 TO THE FUNRAL DIR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU'S T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 I DIVISION OF WITAL RECORDS, 201 W. PRESTON 9. 22 59 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRY Wicomico USA Maryland WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Utilities Office Worker Salisbury Peninsula General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? T3e. STREET ADDRESS Md. Hebron 326 S. Tourmaline Drive YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Wheatley Catherine Mary Eagan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-36-0999 Doris S. Wheatley , Hebron, MD No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES | NOX BE 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Cate, writing the w Forwarded to the Or: Page 3 should i HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry atural couses X Suicide death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE 12-10-81 SIGNATURE MEDICAL EXAMINER EXAMPLE SNAME Earl L. Royer, M.D. Camden Ave., Salisbury, Md. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial East New Market, Dor., ND 12-11-81 East New Market BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL IN **DHMH-17** Zeiler Funeral Home, East New Market, Money (VR A15 ME (5)

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STATE OF MARYLAND

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			CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
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	(RA)	3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
	W		F	В	MON	2-10-04 YEAR	77	YRS. MONTHS DAYS	HOURS MIN.
	100	To. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	1 11 50		Eden	115A	WIDOW	ED DIVORCED	Wicomic	County	MD.
	1 11 Ida		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	E STREET ADDRESS)		12a USUAL OCCUPATI	ON 126 KIND F WORKING LIFE) INDUSTRA	OF BUSINESS OR
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٥			ZIE I certify that (1) (this hosp	ital) attended in deceased	from O	19/2	to /	1981	that (I) (we) lost
	TTEP Porto for to		the deceased alive or	view the body ofte death	198/0	nd that in (my) (our) opinion	death occurred on the do	te and hour and from the	
4.33	AL OR ATTEN y the hospitol AAL DIRECTOR: detacked for us ore Dept. of He If Item 21 is		THE SHE SHATELY / /	11/2	1	DEGREE		27t. DAY	SIGNIO
	ral C y the tal D deto ote D IT: If	1	Lell the	uses	M	ATTENDING PHYSICIAN	MEDICAL STAF	IAN W	9/8/
	SPIINER INER INE STAN	(PHYSICIANS NAME (TYPE	OR PRINT)		22e ADDRESS	Y 19-14-1-1	/	1
	TO HOSPITAL OF PROPINE A P		DR. EARL M.	BEARDSLEY,		CIVIC AVE &	RT. 50, SA1	LISBURY, MD.	
	5 5 5 5 3 8	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		,
	BP		BURIAL	12-12-81	GREEN	U ACRES_	SALISHU	MY OUCE	Parisid.
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	Solle & Memer	in Chapet	Ata-SA	isbuey.	ER C'S BY SISTRAR	AMES THE STORY	TURE



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Wal of Man		CEASED NAME E OR PRINT)	MERL	E	R.	WI	LLING		20. DATE KNO	WN K M	12=1:	=8 ^Y LAR /	1:45
	3. SE		hite	S. DATE OF BIRTH	6 AGE (1)	N YEARS IF UN THDAY) MONTH		NDER 24 HRS.	26. DATE PRONOUNCED DEAD	12-	1-81		24 HOU
FOREAU PREST	FC.	RTHPLACE (STATE O	1	76 CITIZEN OF WE	AT COUNTRY?	8. MARRI WIDOW		MARRIED	9. BALTIMORE Wico	CITY OR C	OUNTY OF	DEATH	AAF
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ANY E AND 3	USU/ 13a. S	TATE Md.	136WTC	ROTHER INSTITUTION, GIV	13 BIVATO	AISSION)	13d. INSIDE CITY LIN	IIIS? I3V. STBE	EE DADDRESS	x 45			
w due 770		THEP'S NAME	26 1	MIDDLE WI	lling		15. MOTHER'S A	MAIDEN NAME	MIDDLE	Ro	best	SON	
REALTIMORI REAFTER DE S. GIVE PAGES I. PAGES I AM DIVISION OF	16a. \	VAS DECEASED EV	WEYS, GIVEN	MAR OR GATES)	220-01-	8900	Dina	Hez	th Wil	ling.	Bu	alus	, No
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SHOULD ORD "PE CHIEF A E USED , URIGH, URIGH	CERTIFICATION	190. DATE OF OPE		19b. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED	?			72 8	AUTOPSY?	NO 🍱
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN F ROED TO THE CHIEF MEDICAL EXA E-3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M O) PRIOR TO BURIAL, CREMATION,		210 EXTERNAL CA UNDERLYING CONTRIBUTING		216 TIME OF HOUR A.M P.M.	WINDRY DAB Y		Fell at			N ITEM 18 PART I	OR PART 2)		
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CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR EXAL DIRECTOR: ATH. WITH THES ORE, MARYLAND	, i	ACTUAL		/ We f		Suicide La coide	ntial f unit (SPEC) WeDepun	FY)	the a	contr	ibute	d to	the 17 the
AEDICA SUTE TH SUTE TH SE 4 SHG SE 4 SHG SE 6 SH	1000	EXAMINER'S NAM		L L. ROY		eptice	mia.) Camde					
PAGE TO PAGE AND PAGE	.23a.B	URIAL CREMATION PECIFY)	REMOVAL 2	12/4/8	23t. NAME OF		CREMATORY	23d. LO	CATION	lve	COUNTY	J STA	
DHMH - 17 (VR A15 ME (5))	24. F	JNERAL DIRECTOR	PM	1232	Pinal		25a. C	DECY	REGISTRAR	PIGISIP	SIGNA	Partle	

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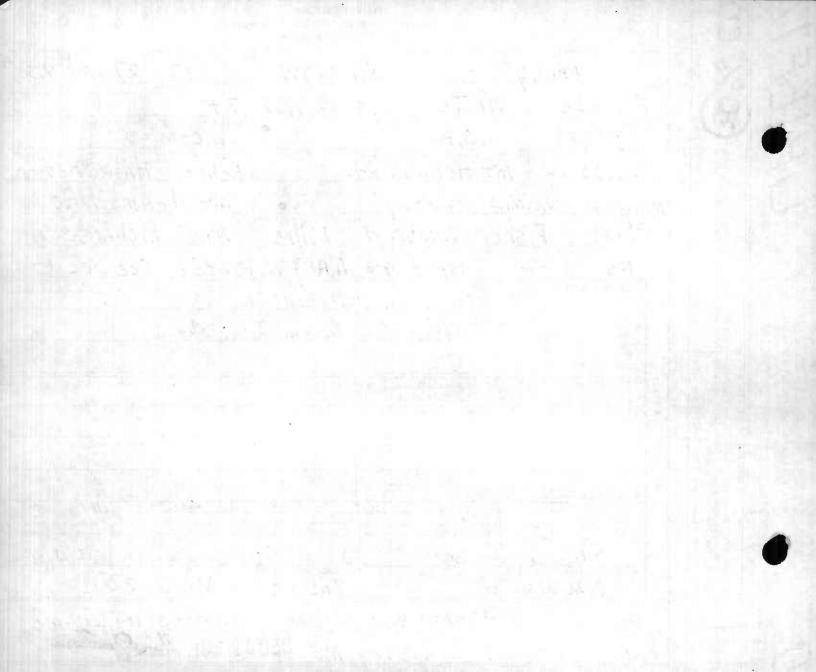
FOR - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEIC ATE OF DEATH

LEKTIFICATE OF DEATH

	REG. NO.				
	December 26	DAY 19	YEAR	8 S	2/A
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	68 YRS.	MONTHS	DAYS	HOURS	MIN
7	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

3 SEX 4 RACE MONTH Male White 13, 1913 Dec. O. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY Mardela, Md. USA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Julian Robertson

MARRIED X NEVER MARRIED WIDOWED DIVORCED

Hospital

Wicomico (TYPE OF WORK FOR MOST OF WORKING LIFE Clerk

12b. KIND OF BUSINESS OR Motel

Salisbury Peninsula General USUAL RESIDENCE (IF NURSING HOME OR OTHER INST Wicomico Mardela Maryland

15 MOTHER'S MAIDEN NAME

Main St., P.O. Box 207 MIDDLE

14. FATHER'S NAME Joseph

10 CITY OR TOWN OF DEATH

FGISTRAR

DECEASED NAME TYPE OR PRINTI

Windsor 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO. 17 INFORMANT

Bettie Wilson ADDRESS

220-28-0334 Mrs. Erna M. Windsor (wife) same

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

18 CAUSE OF DEATH (Enter only one couse-per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Melli Conditions, if ony, which gove rise to immediate couse (o), stoting the

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY

isease 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

CITY OF TOWN

210. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY

underlying couse lost

HOUR A.M. MONTH DAY YEAR

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

AT HOME STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 220 I certify that (I) (the descended the deceased from sow the deceased alive on the body after death, obove, (1) (we) (did) (did not) view the body after death,

211 LOCATION

COUNTY

Mardela

PHYSICIAN

DIRECTOR PHYSICIAN

and that in (my) (a) opinion death occurred on the date and hour and from the causes stated

STATE

THOMAS

Cemetery

MPORTANT 230 BURIAL, CREMATION, REMOVAL

Burial

CERTIFICATION

ŏ

23c. NAME OF CEMETERY OR CREMATOR

22e ADDRESS

DEGREE

Mardela

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR HOLLOWAY FUNERAL HOME, Salisbury, 250-DATE RECD. BY REGISTRAR'S SIG

have dynamica Com When we depend of the way years have the NAME OF THE PARTY OF THE PARTY. THOMAS CHARGE TE PROPERTY SALES SHEET CHOSTITIAN SAME

	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 REG. N	33465
. 0.6	1. DE	CEASED NAME EIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR 30
1		LOLA	MAE	YOUNG	DECEMBE	ER 11 1981 10 AM
M	3 SE	F	4 RACE	5. DATE OF BIRTH MONTH DAY 1897	6. AGE (IN YEARS LAST BI	MONTHS DATS HOURS MIN.
1 83	70 B	IRTHPLACE (STATE OR FOREIGN BLOXOM	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF WICOMIC	OR COUNTY OF DEATH O
by the full with siled with	Sa Sa	alisbury	(IE NOT IN SUCH EACILITY, GIVE STREET	ADDRESS) neral Hospital	12a USUAL OCCUPAT (14 PE OF WORK FOR MOST)	ION OF WORKING LIFE) 126. KIND OF BUSINESS OR OF WORKING LIFE) 170 USTRY BIRDS-EVET GODS
filled in could be found to	USU 130	AL RESIDENCE (IF NURSING HOME OR RATE 136 A OUN RCINIA HOCC	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY OMACK 130 DLOXO	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	0
withir within	14 F/	ATHER'S NAME	MIDDLE LAST S	15 MOTHER'S MAIDEN NA	ANIDOLE	Tal-11 LAST
5 0- /		YLBERT DI WAS DECEASED EVER IN U.S. AR		IRITY NO. 17 INFORMAÇIT	ADDR	ESS TABLE
be execu	- (YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 224-28-	8241 MRS JACQU	IELYA ANNI:	
that the death certificate d by the attending physici lease remove carbon paper iol, cremation, or removal. or other fraumatic event, th		18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIATED IN IMMEDI	D BY: TE CAUSE (a)	ence of hermine	lus	APPROXIMATE INTERVAL BETWEEN COMSET AND DEATH
quires signe hen pl to buri njury, o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	ninal disease or con	IDITION GIVEN IN PART 1(0)
The low re ricion. The hos been the hos been sit permit. I giene prior shows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN. The long physicion. certificate has unial-transit per Aental Hygiene. Item 18 shows		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
ED SOY O	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TO	OWN COUNTY STATE
OR ATTENDING Pe hospital or atter to DIRECTOR. After to sched for use as the Dept. of Health and them 21 is marked	in the	279.1 certify that (i) (the hospitally also the deceased also also above. (i) (was reliabled to de	fall attended the deceased from	and they in (my) (our) opinion	death occurred on the d	ate and hour and from the couses stated
		The Signature	in .	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
HOSPI bined b FUNE ould be th the Si		22d PHYSICIAN'S NAME WITH O	PRINT)	22e. ADDRESS		
of of shape M.		BURIAL, CREMATION, REMOVAL	11/1/10/10/11	NAME OF CEMETERY OR CREMATORY	23d LOCATION	A CHAIN . , SALL
BP	_	SURIAL UNERAL DIRECTOR	Pa	orksley, Va. 250 DAT		M- HCC IN VH.
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	Home, Chadbourn	II WOTEN , Age	2 2 1981	frame grand
				Li		

Peninnula Ceneral Mospital